Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF NORTH CAROLINA	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
yc pi ex	Write the name that is on your government-issued	Cecil First name	-	Sharon First name
	picture identification (for example, your driver's license or passport).	Sammy Middle name	_	Annette Middle name
	Bring your picture identification to your meeting with the trustee.	Broadnax, Jr. Last name and Suffix (Sr., Jr., II, III)		Broadnax Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3110		xxx-xx-7575

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Debtor 1 Cecil Sammy Broadnax, Jr.
Sharon Annette Broadnax

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		■ I have not used any business name or EINs. Business name(s) EINs	■ I have not used any business name or EINs. Business name(s)				
5.	Where you live	103 Percy Street Reidsville, NC 27320-8806	If Debtor 2 lives at a different address:				
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code				
		Rockingham	County				
		County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
Why you are choosing this district to file for		Check one:	Check one:				
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. 				
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)				

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	otor 2	•			_	Case r	number (if known)				
Par	t 2: Tell the Court About	Your Bank	ruptcy Ca	se							
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.									
	choosing to file under	☐ Chapt	er 7								
		☐ Chapt	er 11								
		☐ Chapter 12									
		■ Chapt	er 13								
8.	How you will pay the fee	abo ord	out how yo	entire fee when I file my per u may pay. Typically, if you ar attorney is submitting your pay address.	e paying	the fee yourself,	you may pay with cash	n, cashier's check, or money			
				the fee in installments. If you in Installments (Official Form		e this option, sign	and attach the Applica	ation for Individuals to Pay			
		but app	is not requ lies to you	t my fee be waived (You may uired to, waive your fee, and n ur family size and you are unal on to Have the Chapter 7 Filing	nay do so ble to pa	o only if your inco y the fee in install	me is less than 150% oments). If you choose	of the official poverty line that this option, you must fill out			
9.	Have you filed for bankruptcy within the last 8 years?	□ No. ■ Yes.									
			District	U.S. Bankruptcy Court Middle District of North Carolina	When	12/16/08	Case number	08-12053			
			District		When		Case number				
			District		When		Case number				
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	■ No □ Yes.									
			Debtor				Relationship to y	/ou			
			District		When		Case number, if	known			
			Debtor				Relationship to y	/ou			
			District		When		Case number, if	known			
11.		■ No.	Go to li	ne 12.							
	residence?	☐ Yes.	Has yo	ur landlord obtained an eviction	n judgm	ent against you a	nd do you want to stay	in your residence?			
				No. Go to line 12.							
				Yes. Fill out <i>Initial Statement</i> bankruptcy petition.	About ai	n Eviction Judgme	ent Against You (Form	101A) and file it with this			

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3/08/16 3:57PM Debtor 1 Cecil Sammy Broadnax, Jr. **Sharon Annette Broadnax** Debtor 2 Case number (if known) Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor ■ No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs? Number, Street, City, State & Zip Code

Debtor 1 Cecil Sammy Broadnax, Jr.
Debtor 2 Sharon Annette Broadnax

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-10235 Doc 1 Filed 03/08/16 Page 6 of 67

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	tor 1 Cecil Sammy Broa tor 2 Sharon Annette B		:	Ca	se number (if I	known)		
Part	6: Answer These Questi	ions for R	eporting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily consummend individual primarily for a personal, in the No. Go to line 16b. Yes. Go to line 17.		debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an nily, or household purpose."			
		16b.	Are your debts primarily business money for a business or investmen No. Go to line 16c.					
		16c.	Yes. Go to line 17. State the type of debts you owe that	at are not consumer debts of	or business de	ebts		
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7. Go	to line 18.				
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	☐ Yes.	I am filing under Chapter 7. Do you are paid that funds will be available ☐ No ☐ Yes			is excluded and administrative expenses		
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-199 □ 200-999		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000		☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000		
19.	How much do you estimate your assets to be worth?	□ \$0 - \$50,000 □ \$50,001 - \$100,000 ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million		□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million		□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion		
20.	How much do you estimate your liabilities to be?	□ \$0 - \$50,000 □ \$50,001 - \$100,000 ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million		□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million		□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion		
Part	7: Sign Below							
For	you	If I have United S If no atto documer I request I underst bankrupt and 3571 Is/ Cecil Sc	have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, nited States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. In a attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this boument, I have obtained and read the notice required by 11 U.S.C. § 342(b). Independent of title 11, United States Code, specified in this petition. Independent of the proceeding property, or obtaining money or property by fraud in connection with a unkruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 151: 161 d 3571. I Cecil Sammy Broadnax, Jr. I Sharon Annette Broadnax Signature of Debtor 1					
		Executed	March 8, 2016 MM / DD / YYYY	Executed	March MM / DI	8, 2016 D / YYYY		

Debtor 1 Cecil Sammy Broadnax, Jr. Debtor 2 Sharon Annette Broadnax			Case number (if known)	3/08/16 3:57PM		
For your a	attorney, if you are ed by one		petition, declare that I have informed the debtor(s) about ed States Code, and have explained the relief available of			

If you are not represented by an attorney, you do not need to file this page.

under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Wayne E. Crumwell, Esq.	Date	March 8, 2016
Signature of Attorney for Debtor		MM / DD / YYYY
Wayne E. Crumwell, Esq.		
Printed name		
Wayne E. Crumwell		
Firm name		
Post Office Box 1804		
410 Wiidriw Street		
Reidsville, NC 27320		
Number, Street, City, State & ZIP Code		
Contact phone 336-342-5711	Email address	wewcrumwell@aol.com
Bar number & State		

		ase 10-10255 L	OCI III	eu 03/00/10	rage o or or		3/08/16 3:57PM
Fill	in this information to identify	your case:					
Del		y Broadnax, Jr.					
Del	First Name Sharon Anne	Middle Name	L	ast Name			
	use if, filing) First Name	Middle Name	L	ast Name			
Uni	ted States Bankruptcy Court for	the: MIDDLE DISTRICT	r of North C	AROLINA			
	se number						
(if kr	own)						k if this is an ded filing
						۵٠٠١	acag
Of	ficial Form 106Sur	n					
	mmary of Your Asse		and Cert	tain Statistic	cal Information)	12/15
info	es complete and accurate as p rmation. Fill out all of your scl r original forms, you must fill o	nedules first; then comple	ete the informa	ation on this form	. If you are filing amer		
Par	t 1: Summarize Your Assets	S					
						Your a	ssets of what you own
1.	Schedule A/B: Property (Offi 1a. Copy line 55, Total real es	cial Form 106A/B) tate, from Schedule A/B				\$	95,013.00
	1b. Copy line 62, Total person	al property, from Schedule	A/B			\$	56,830.00
	1c. Copy line 63, Total of all pr	operty on Schedule A/B				\$	151,843.00
Par	t 2: Summarize Your Liabili	ties					
						Your li	abilities
						Amoun	t you owe
2.	Schedule D: Creditors Who Ha 2a. Copy the total you listed in				f Part 1 of Schedule D.	\$	99,606.00
3.	Schedule E/F: Creditors Who 3a. Copy the total claims from				=/F	. \$	0.00
	3b. Copy the total claims from	Part 2 (nonpriority unsecu	red claims) from	n line 6j of <i>Schedu</i>	le E/F	. \$	4,031.00
					Your total liabilitie	es \$	103,637.00
Par	t 3: Summarize Your Incom	e and Fynenses				-	
4.	Schedule I: Your Income (Offic Copy your combined monthly in		edule I			\$	2,538.31
5.	Schedule J: Your Expenses (Copy your monthly expenses for	Official Form 106J) from line 22c of <i>Schedule J</i>	J			\$	3,085.83
Par	t 4: Answer These Question	ns for Administrative and	Statistical Rec	cords			
6.	Are you filing for bankruptcy ☐ No. You have nothing to	under Chapters 7, 11, or report on this part of the for		oox and submit this	form to the court with y	your other sci	hedules.
	■ Yes						
7.	What kind of debt do you ha	ve?					
		y consumer debts. Consu J.S.C. § 101(8). Fill out line				or a personal	, family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

Debtor 1	Cecil Sammy Broadnax, Jr.
Debtor 2	Sharon Annette Broadnax

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,249.03

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total c	laim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	C	ase 16-1023	35 DC	OC 1	File	03/08/1	.6 Pa	ge 10 o	1 6 <i>7</i> •		3/08/16 3:57Pf	
Fill in this infor	mation to identify	your case and th	nis filing:									
Debtor 1		y Broadnax, Jr.										
Debtor 2	First Name	Middle ette Broadnax	e Name		La	st Name						
(Spouse, if filing)	First Name		Name		La	st Name						
United States Ba	ankruptcy Court for	the: MIDDLE DI	ISTRICT (OF NOR	RTH CAI	ROLINA						
Case number _											Check if this is an amended filing	
									_		amenaea ming	
	rm 106A/E	-										
Schedul	le A/B: Pı	roperty									12/15	
think it fits best. E information. If mor Answer every ques	separately list and d Be as complete and re space is needed, stion. Each Residence, B	accurate as possibl attach a separate sl	e. If two ma heet to this	arried pe s form. O	eople are In the to	e filing togethe p of any addit	er, both are ional pages	equally resp	onsible for su	ıpply	ing correct	
☐ No. Go to Pa												
1.1	_		What is	the prop	perty? C	heck all that apply	y					
103 Percy	/ Street , if available, or other des	parintion		Single-far	mily hom	е					or exemptions. Put ims on Schedule D:	
Street address,	, ii avaliable, of other des	сприон				ooperative			tors Who Have Claims Sec			
				Manufact	ured or n	nobile home		Current	alua of the	٥.	urrant value of the	
Reidsville	e NC	27320-8806		Land				entire pro	alue of the perty?		urrent value of the ortion you own?	
City	State	ZIP Code	_	Investmer		ty		\$	95,013.00		\$95,013.00	
			_	Timeshar Other	е						ownership interest by the entireties, or	
				-	erest in t	the property?	Check one	à life esta	te), if known.	апсу	by the entheties, of	
				Debtor 1	only			Fee sim	ple			
Rockingh	am		_	Debtor 2	,							
County			_			tor 2 only			k if this is com	nmur	nity property	
			Other in		on you v	debtors and a		`	estructions)			
			Doubl	•	Mobile	e Home and	d Land lo	cated at 1	03 Percy S	tree	et,	
				, 14								
2. Add the dol pages you h	lar value of the ponave attached for	ortion you own fo Part 1. Write that	r all of yo number h	our entri here	ies fron	n Part 1, incl	uding any	entries fo	.=>		\$95,013.00	

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

Debte Debte			Case number (if known)	
3. Ca	rs, vans, trucks, tractors, sport utility	vehicles, motorcycles		
	No			
	• • •			
	Yes			
3.1	Make: Model:	Who has an interest in the property? Check one Debtor 1 only	Do not deduct secured cl the amount of any secure Creditors Who Have Clai	ed claims on Schedule D:
	Year:	Debtor 2 only		, , ,
	Approximate mileage:	■ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other information:	At least one of the debtors and another		, ,
	1987 ford Ranger 2WD	7		
	_	Check if this is community property (see instructions)	\$350.00	\$350.00
3.2	Make:	Who has an interest in the property? Check one ☐ Debtor 1 only	Do not deduct secured cl the amount of any secure Creditors Who Have Clai	ed claims on Schedule D:
	Year:	Debtor 2 only	O	0
	Approximate mileage:	■ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other information:	☐ At least one of the debtors and another	,	
	1998 Ford Expidition 4wd	Check if this is community property (see instructions)	\$975.00	\$975.00
3.3	Make:	Who has an interest in the property? Check one	Do not deduct secured cl	
	Model:	□ Debtor 1 only	the amount of any secure Creditors Who Have Clair	
	Year:	Debtor 2 only		, , ,
	Approximate mileage:	■ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other information:	☐ At least one of the debtors and another	,	
	1999 Mercury Sable	_	* 000.00	* 000 00
		Check if this is community property (see instructions)	\$800.00	\$800.00
3.4	Make:	Who has an interest in the property? Check one	Do not deduct secured cl the amount of any secure	ed claims on Schedule D:
	Model: Year:	Debtor 1 only	Creditors Who Have Clair	ms Secured by Property.
		Debtor 2 only	Current value of the	Current value of the
	Approximate mileage: Other information:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	2006 Ford Taurus	At least one of the debtors and another		
	2000 Ford Taurus	Check if this is community property (see instructions)	\$4,000.00	\$4,000.00
3.5	Make:	Who has an interest in the property? Check one	Do not deduct secured cl	
	Model:	Debtor 1 only	Creditors Who Have Clair	
	Year:	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	At least one of the debtors and another		
	5x8 2 wheel trailor hitch 30 years old	Check if this is community property (see instructions)	\$250.00	\$250.00

Official Form 106A/B Schedule A/B: Property page 2

Debtor 1 Debtor 2	Cecil Sammy Broadnax, Jr. Sharon Annette Broadnax Case number (if know	n)
	raft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories es: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories	
	e dollar value of the portion you own for all of your entries from Part 2, including any entries for	\$5.075.00
.pages	you have attached for Part 2. Write that number here=>	\$6,375.00
	escribe Your Personal and Household Items wn or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
<i>Examp</i> □ No	nold goods and furnishings les: Major appliances, furniture, linens, china, kitchenware Describe	dame of exemptions.
	Kitchen Table with four chairs	\$75.00
	Kitchen dishes, flatware, pots, pans, platters and such	\$150.00
	Kitchen Refrigerator 15 years old	\$150.00
	Kitchen stove 15 yrs old	\$100.00
	Kitchen appliances, blenders, toaster oven, microwave, toaster, food processor, electric mixers	\$200.00
	Kitchen dishwasher 15 yrs old	\$75.00
	Kitchen deep freezer 15 years old	\$50.00
	Dining Room Table and six chairs 15 yrs old	\$250.00
	Dining Room Curio Case with lighting 15 yrs old	\$100.00
	Master bedroom King size bed with dresser, amore, two night stands, 2 desks, recliner chair, cedar chest, all is 15 plus years old	\$350.00
	Second bedroom queen size bed, two chest of drawers, entertainment cabinet, all about 10 years old	\$100.00
	Third bedroom - daughters room - Full size bed, one dresser with Mirror, chest of drawers, bookcase with books, small student desk, all are 10 years old	\$200.00

Debtor 1 Debtor 2		y Broadnax, Jr. ette Broadnax Case number	(if known)
		Den has a couch, chair, two years old, one recliner 10 yrs old, two	
		end tables, 10 years old, second recliner 23 years old, low entertainment center 12 years old. two ceiling to floor shelving cabinets 15 years old.	\$600.00
		Washing maching and dryer 10 years old	\$250.00
		Living room couch, loveseat, and chair set, 4 table set, all 15 years old	\$600.00
		Riding lawn mower 12 years old	\$1,000.00
□ No	les: Televisions a	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners phones, cameras, media players, games	; music collections; electronic devices
		Flat screen 51inch TV, 5 yrs old	\$200.00
		Master Bedroom DVD player and DVD recorder, stereo CD player, 12 year old computer, 12 year old treadmill, 12 year old excercise bicycle	\$400.00
		32 inch flat screen TV, DVD player, both 10 years old	\$75.00
		Third bedroom 42 inch flat screen TV 5 years old, DVD player 5 years old, Lap top Computer, 1 year old;	\$150.00
		Den 65 inch flat screen TV 2 years old, DVD player 10 years old, two table laps	\$500.00
		Livingroom 37 inch flat screen, 8 years old, two table lamps 15 years old, DVD player	\$125.00
Example No		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; sta ons, memorabilia, collectibles	mp, coin, or baseball card collections;
		Dining Room Wall hangings	\$20.00
		Den Wall hangings	\$20.00
		Livingroom Wall hangings	\$40.00

Official Form 106A/B

Debtor 1 Debtor 2	Cecil Sammy Broadnax, Jr. Sharon Annette Broadnax Case number (if known)	
Example ■ No	ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes musical instruments Describe	and kayaks; carpentry tools;
10. Firearn		
□ No	Describe	
	22 Rifle 30 years old	\$75.00
	Marksberg pump shotgun 30 years old	\$200.00
	380 pistol 12 years old; 40 caliber pistol 12 years old	\$200.00
□ No [′]	les: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe	
	husbands winter coats, shoes, shirts pants, belts,	\$400.00
	Wifes winter coats, shoes and boots, pants and tops	\$400.00
☐ No	r les: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g Describe	gold, silver
	husand and wife three piece wedding band set	\$200.00
■ No □ Yes. 14. Any ot ■ No	m animals les: Dogs, cats, birds, horses Describe ter personal and household items you did not already list, including any health aids you did not list Give specific information	
15. Add t	ne dollar value of all of your entries from Part 3, including any entries for pages you have attached rt 3. Write that number here	\$7,255.00
Part 4: De	cribe Your Financial Assets	
	n or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	les: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petiti	on

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3/08/16 3:57PM

Debtor 1 Debtor 2	Cecil Sammy Broadnax, Jr. Sharon Annette Broadnax	Case number (if known)	
Exam	sits of money sples: Checking, savings, or other financial acco institutions. If you have multiple accounts	unts; certificates of deposit; shares in credit unions, brokerage house with the same institution, list each.	es, and other similar
□ No ■ Yes		Institution name:	
	17.1.	Saving Account with Piedmont Advantage	\$200.00
	17.2.	Savings Account with BB&T	\$200.00
Exam ■ No	s, mutual funds, or publicly traded stocks nples: Bond funds, investment accounts with bro		
	Institution or issuer r		- 11 C mantagraphic and
	venture	rated and unincorporated businesses, including an interest in a	in LLC, partnersnip, and
	. Give specific information about them	 % of ownership:	
Nego Non-i ■ No	rnment and corporate bonds and other negoriable instruments include personal checks, casinegotiable instruments are those you cannot train. Give specific information about them Issuer name:	hiers' checks, promissory notes, and money orders.	
	ement or pension accounts apples: Interests in IRA, ERISA, Keogh, 401(k), 40	03(b), thrift savings accounts, or other pension or profit-sharing plans	
	. List each account separately. Type of account:	Institution name:	
		husband's job 401 K	\$30,000.00
		wifes job 401 k	\$12,000.00
Your		that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies, companies	or others
		Institution name or individual:	
23. Annui	ities (A contract for a periodic payment of mone	y to you, either for life or for a number of years)	
	Issuer name and description.		
26 U.S	sts in an education IRA, in an account in a qu c.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	ualified ABLE program, or under a qualified state tuition progran	ո.
■ No □ Yes	Institution name and description	. Separately file the records of any interests.11 U.S.C. § 521(c):	
■ No		ther than anything listed in line 1), and rights or powers exercisa	able for your benefit
☐ Yes	. Give specific information about them		

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, protoeds from royalties and licensing agreements No		ebtor 1 ebtor 2	Cecil Sammy Broadr Sharon Annette Broa		Case number (if known)	
No Yes, Give specific information about them 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes, Give specific information about them Money or property owed to you? Current value of the profiton you own?	26					
27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them Money or property owed to you? To not deduct secured claims or exemptions. 28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loars you made to someone else No Yes. Give specific information 11. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 20. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Describe each claim 31. Claims against third parties, whether or not you have filled a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim 32. Any financial assets you did not already list No Yes. Describe each claim 33. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached		_ ′		o, mosonos, processas nom rejame	o and neededing agreements	
Examples: Building permits, exclusive licenses, cooperative association holdings. liquor licenses, professional licenses No Yes. Give specific information about them Money or property owed to you? To not deduct secured claims or exemptions. 28. Tax refunds owed to you No Yes, Give specific information about them, including whether you already filed the returns and the tax years 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes, Give specific information 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation. Social Security benefits; unpaid loans you made to someone else No Yes, Give specific information 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 22. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has add. No Yes. Describe each claim 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim 35. Any financial assets you did not already list No Yes. Describe each claim		☐ Yes.	Give specific information a	bout them		
Portion you own. 28. Tax refunds owed to you No Yes, Give specific information about them, including whether you already filled the returns and the tax years 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes, Give specific information 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation. Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim No Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Give specific information	27	Examp ■ No	oles: Building permits, exclu	usive licenses, cooperative associa	tion holdings, liquor licenses, professional license	es
Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation. Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: Surrender or refund value: No Yes. Give specific information 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim No Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Give specific information 35. Any financial assets you did not already list No Yes. Give specific information	М	oney or	property owed to you?			Current value of the
No						Do not deduct secured
Yes. Give specific information about them, including whether you already filed the returns and the tax years 29. Family support	28	_	unds owed to you			
Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim No Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim So, Any financial assets you did not already list No Yes. Give specific information			Give specific information a	bout them, including whether you a	Iready filed the returns and the tax years	
Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information 11. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 22. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim	29	Examp ■ No	oles: Past due or lump sum		pport, maintenance, divorce settlement, property	settlement
Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim 44. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim 55. Any financial assets you did not already list No Yes. Give specific information	30	Examp ■ No	oles: Unpaid wages, disabil benefits; unpaid loans	ity insurance payments, disability b	enefits, sick pay, vacation pay, workers' compen	sation, Social Security
□ Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No □ No Yes. Give specific information. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No □ No Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No □ Yes. Describe each claim 35. Any financial assets you did not already list No □ Yes. Give specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached	31	Examp		e insurance; health savings accour	nt (HSA); credit, homeowner's, or renter's insuran	се
Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim		_	Name the insurance comp	any of each policy and list its value		
If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim		— 100.				
Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim	32	If you a someo	are the beneficiary of a livir ne has died.			ive property because
■ No □ Yes. Describe each claim 35. Any financial assets you did not already list ■ No □ Yes. Give specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached	33	Examp ■ No	oles: Accidents, employmen			
35. Any financial assets you did not already list ■ No □ Yes. Give specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached	34	_	contingent and unliquidat	ed claims of every nature, includ	ling counterclaims of the debtor and rights to	set off claims
■ No □ Yes. Give specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached		☐ Yes.	Describe each claim			
Yes. Give specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached	35	-	ancial assets you did no	already list		
			Give specific information			
	36					\$42,400.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

page 7

Debto		Cecil Sammy Broadnax, Jr.		0 1	3/08/16 3:57PN
Debto	or 2	Sharon Annette Broadnax		Case number (if known)	
	-	wn or have any legal or equitable interest in any business-relate	d property?		
I	No. Go	to Part 6.			
	Yes. G	o to line 38.			
Part 6		scribe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. D	o you	own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	No.	Go to Part 7.			
	☐ Yes.	Go to line 47.			
Part 7	' :	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	No .	Wes: Season tickets, country club membership Give specific information 8x16 shed full of personal tools tools from former business, all	in toolbox as well	as construction	\$800.00
54.	Add t	he dollar value of all of your entries from Part 7. Write tha	at number here		\$800.00
Part 8	B:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$95,013.00
56.	Part 2	: Total vehicles, line 5	\$6,375.00		
57. l	Part 3	: Total personal and household items, line 15	\$7,255.00		
58.	Part 4	: Total financial assets, line 36	\$42,400.00		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54 +	\$800.00		
62.	Total	personal property. Add lines 56 through 61	\$56,830.00	Copy personal property total	al \$56,830.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$151,843.00

Official Form 106A/B Schedule A/B: Property page 8

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF NORTH CAROLINA

In the Matter of: Cecil Sammy Broadnax, Jr. Sharon Annette Broadnax) Case No.		
	Debtor.)) DEBTOR'S CLAIM))	FOR PROPERTY EX	EMPTIONS
I, <u>Cecil Sammy Broadnax, Jr.</u> , the 522(b)(3)(A), (B), and (C), the Laws				t to 11 U.S.C. §
☐ Check if the debtor debtor or a dependent of		y amount of interest that exceeds \$ a residence.	125,000 in value in pro	operty that the
BURIAL PLOT. (NCGS 1 Select appropriate exemption ■ Total net value not □ Total net value not	C-1601(a)(1)). on amount below: to exceed \$35,000. to exceed \$60,000.	(Debtor is unmarried, 65 years of a stries or joint tenant with rights of stries.)	ige or older, property v	vas previously
Description of Property & Address 103 Percy Street Reidsville, NC 27320-8806 Rockingham	Market Value	Mtg. Holder or Lien Holder(s)	Amt. Mtg. or Lien	Net Value
County Doublewide Mobile Home and Land located at 103 Percy Street, Reidsville, NC 27320	95,013.00	CitiFinancial Bankruptcy Dept	99,606.00	0.00
Total Ne (b) Unus (This am	ount, if any, may be ption in any property	tion, not to exceed \$5,000. carried forward and used to claim owned by the debtor. (NCGS	\$ \$	0.00 35,000.00 0.00
		ving property is claimed as exempt g to property held as tenants by the		§ 522(b)(3)(B) and
Description of Property & Address -NONE-	Market Value	Mtg. Holder or Lien Holder(s)	Amt. Mtg. or Lien	Net Value
3. MOTOR VEHICLE. (NC exempt not to exceed \$3,50		Only one vehicle allowed under thi	s paragraph with net v	alue claimed as
Year, Make, Model of Auto 1987 ford Ranger 2WD	Market Value 350.00	Lien Holder(s)	Amt. Lien	Net Value 350.00
1998 Ford Expidition 4wd 1999 Mercury Sable	975.00			975.00 800.00
2006 Ford Taurus	4,000.00			4,000.00
5x8 2 wheel trailor hitch 30 years old	250.00			250.00
(a) Statutory allowance		\$	3,500	

Year, Make, Model of Auto	Market Value	Lien Holder(s)	Amt. Li	No ien Valu	
(b) Amount from 1 (b) above to (A part or all of 1 (b) may be	1 0 1		\$	0.00		
	Total Ne	t Exemption	\$	3,187.50		

4. **TOOLS OF TRADE, IMPLEMENTS, OR PROFESSIONAL BOOKS.** (NCGS 1C-1601(a)(5). Used by debtor or debtor's dependent. Total net value of all items claimed as exempt not to exceed \$2,000.)

Description Value -NONE-	Lien Holder	(s)	Amt. Lien	Net Value
(a) Statutory allowance		\$	2,000	
(b) Amount from 1 (b) above to be used in this paragrap (A part or all of 1 (b) may be used as needed.)	on.	\$	0.00	
Total N	Net Exemption	\$	0.00	

5. **PERSONAL PROPERTY USED FOR HOUSEHOLD OR PERSONAL PURPOSES NEEDED BY DEBTOR OR DEBTOR'S DEPENDENTS.** (NCGS 1C-1601(a)(4). Debtor's aggregate interest, not to exceed \$5,000 in value for the debtor plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents.)

	Market	/ .		Net
Description	Value	Lien Holder(s)	Amt. Lien	Value
22 Rifle 30 years old	75.00			75.00
32 inch flat screen TV, DVD player, both 10 years old	75.00			75.00
380 pistol 12 years old; 40 caliber pistol 12 years old	200.00			200.00
Den 65 inch flat screen TV 2 years old, DVD player 10 years old, two table laps	500.00			500.00
Den has a couch, chair, two years old, one recliner 10 yrs old, two end tables, 10 years old, second recliner 23 years old, low entertainment center 12 years old. two ceiling to floor shelving cabinets 15 years old.	600.00			600.00
Den Wall hangings	20.00			20.00
Dining Room Curio Case with				20.00
lighting 15 yrs old	100.00			100.00
Dining Room Table and six chairs 15 yrs old	250.00			250.00
Dining Room Wall hangings	20.00			20.00
Flat screen 51inch TV, 5 yrs old	200.00			200.00
husbands winter coats, shoes, shirts pants, belts,	400.00			400.00
Kitchen appliances, blenders, toaster oven, microwave, toaster, food processor,				
electric mixers	200.00			200.00
Kitchen deep freezer 15 years old	50.00			50.00
Kitchen dishes, flatware, pots, pans, platters and such	150.00			150.00
Kitchen dishwasher 15 yrs old	75.00			75.00
Kitchen Refrigerator 15 years old	150.00			150.00

91C (09/13)	Market				Net
Description	Value	Lien Holder(s)		Amt. Lien	Value
Kitchen stove 15 yrs old	100.00				100.00
Kitchen Table with four chairs	75.00				75.00
Living room couch, loveseat,					
and chair set, 4 table set, all 15	600.00				600.00
years old Livingroom 37 inch flat screen,					
8 years old, two table lamps 15					
years old, DVD player	125.00				125.00
Livingroom Wall hangings	40.00				40.00
Marksberg pump shotgun 30	200.00				200.00
years old Master Bedroom DVD player	200.00				200.00
and DVD recorder, stereo CD					
player, 12 year old computer,					
12 year old treadmill, 12 year	400.00				400.00
old excercise bicycle	400.00			_	400.00
Master bedroom King size bed with dresser, amore, two night					
stands, 2 desks, recliner chair,					
cedar chest, all is 15 plus	050.00				050.00
years old	350.00	-			350.00
Riding lawn mower 12 years old	1,000.00				1,000.00
Second bedroom queen size					
bed, two chest of drawers,					
entertainment cabinet, all	400.00				400.00
about 10 years old	100.00				100.00
Third bedroom - daughters room - Full size bed, one					
dresser with Mirror, chest of					
drawers, bookcase with books,					
small student desk, all are 10	200.00				200.00
years old Third bedroom 42 inch flat	200.00	-			200.00
screen TV 5 years old, DVD					
player 5 years old, Lap top					.=
Computer, 1 year old;	150.00				150.00
Washing maching and dryer 10	250.00				250.00
years old					
				Total Net Value	6,655.00
(a) Statutory allowance for debtor		\$		5,000	
(b) Statutory allowance for debtor'		ependents at		4 000 00	
\$1,000 each (not to exceed \$4,000		•		1,000.00	
(c) Amount from 1(b) above to be (A part or all of 1 (b) may be u		n.		0.00	
(A part of all of 1 (b) may be u	sed as needed.)				
			To	otal Net Exemption	3,527.50
6. LIFE INSURANCE. (As	provided in Article X	, Section 5 of North	n Carolina Co	nstitution.)	
Name of Insurance Compar	w\Policy No \Name (of Incured\Policy D	ata\Nama of	Ranaficiary	
-NONE-	ly (1 offey 140. (14ame (of insured to oney D	ate (realise of	Beneficiary	
7. PROFESSIONALLY PR 1C-1601(a)(7). No limit or		•	EBTOR OR	DEBTOR'S DEPENDI	ENTS). (NCGS
()(.)•		·-·/			
Description:					
-NONE-					

DEBTOR'S RIGHT TO RECEIVE FOLLOW amount.)	VING COMPENSATION: (NCGS 1	1C-1601(a)(8). No limit	on number or
B. \$ -NONE- Compensation for death	of person of whom debtor was deper		for support.
TREATED IN THE SAME MANNER AS AN	INDIVIDUAL RETIREMENT PI	LAN UNDER THE INT	ERNAL
Detailed Description		Valu	e
husband's job 401 K Detailed Description wifes job 401 k		Valu	30,000.00 e 12,000.00
(NCGS 1C-1601(a)(10). Total net value not to e plan within the preceding 12 months not in the or	xceed \$25,000 and may not include a rdinary course of the debtor's financia	any funds placed in a col al affairs. This exemption	lege saving on applies only
Detailed Description -NONE-		Valu	e
UNITS OF OTHER STATES, TO THE EXTETHAT STATE OR GOVERNMENTAL UNIT Description:	ENT THOSE BENEFITS ARE EX	EMPT UNDER THE L	
	NTENANCE AND CHILD SUPPO	PRT. (NCGS 1C-1601(a))(12). No limit
on amount to the extent such payments are reason	nably necessary for the support of De	ebtor or dependent of De	btor.)
Description: -NONE-			
HAS NOT PREVIOUSLY BEEN CLAIMED	ABOVE. (NCGS 1C-1601(a)(2). The state of t	he amount claimed may	
_ ,	Lien Holder(s)	Amt. Lien	Net Value
tal Net Value of property claimed in paragraph 13.		\$	0.00
ss amounts from paragraph 1(b) which were used in Paragraph 3(b) Paragraph 4(b)	\$ 0.00 \$ 0.00	\$	0.00
	· -	\$ 	0.00
OTHER EXEMPTIONS CLAIMED UNDER	THE LAWS OF THE STATE OF	NORTH CAROLINA:	
			800.00 200.00
) i	A. \$NONE- B. \$NONE- Compensation for personal compensation for death Compensation for death Compensation for death Compensation from prival compensation for death Compensation from prival compensation from prival compensation from prival compensation for death Compensati	A. \$NONE- Compensation for personal injury to debtor or to person who B. \$NONE- Compensation for death of person of whom debtor was depect. \$NONE- Compensation from private disability policies or amuities. INDIVIDUAL RETIREMENT PLANS AS DEFINED IN THE INTERNAL RETIREMENT PLANS AS DEFINED IN THE INTERNAL RETIREMENT PLANS AS DEFINED IN THE INTERNAL RETIREMENT PLANS AS INDIVIDUAL RETIREMENT PLANS AS INDIVIDUAL RETIREMENT PLANS AS DEFINED IN 11 U.S.C. \$ 522(b)(3)(c). Detailed Description Listed Detailed Description Description: NONE- Description: NONE- Description: NONE- Description: De	A. \$ NONE- Compensation for personal injury to debtor or to person whom debtor was dependent B. \$ NONE- Compensation for death of person of whom debtor was dependent for support. C. \$ NONE- Compensation from private disability policies or annuities. INDIVIDUAL RETIREMENT PLANS AS DEFINED IN THE INTERNAL REVENUE CODE AND ATTREATED IN THE SAME MANNER AS AN INDIVIDUAL RETIREMENT PLAN UNDER THE INTREVENUE CODE. (NCGS IC-1601(a)(9). No limit on number or amount.) AND OTHER RETIREMEN DEFINED IN II U.S.C. \$ \$52(b)(3)(c). Detailed Description Walus Mides job 401 k COLLEGE SAVINGS PLANS QUALIFIED UNDER SECTION 529 OF THE INTERNAL REVENUE (NCGS IC-1601(a)(10). Total net value not to exceed \$25,000 and may not include any funds placed in a col plan within the preceding I2 months not in the ordinary course of the debro's financial affairs. This service plan within the preceding I2 months not in the ordinary course of the debro's financial affairs. This very expenses.) Detailed Description NONE- Detailed Description Value Postalled Description NONE- RETIREMENT BENEFITS UNDER A RETIREMENT PLAN OF OTHER STATE AND GOVERNMI UNITS OF OTHER STATES, TO THE EXTENT THOSE BENEFITS ARE EXEMPT UNDER THE L. THAT STATE OR GOVERNMENTAL UNIT. (NCGS IC-1601(a)(11). No limit on amount.) Description: NONE- ALIMONY, SUPPORT, SEPARATION MAINTENANCE AND CHILD SUPPORT. (NCGS IC-1601(a) on amount to the extent such payments are reasonably necessary for the support of Debtor or dependent of De Description: NONE- ANY OTHER REAL OR PERSONAL PROPERTY WHICH DEBTOR DESIRES TO CLAIM AS EXE HAS NOT PREVIOUSLY BEEN CLAIMED ABOVE. (NCGS IC-1601(a)(2). The amount claimed may remaining amount available under paragraph 1(b) which has not been used for other exemptions.) Market Value Lien Holder(s) Amt Lien E- Lat Net Value of property claimed in paragraph 13. S and amount available from paragraph 1(b) Paragraph 3(b) Paragraph 5(c) Paragraph 5(c) Paragraph 1(b) Net Balance Available from paragraph 1(b) Net Balance Available from para

Case 16-10235 Doc 1 Filed 03/08/16 Page 22 of 67

3/08/16 3:57	NAC

-NONE-			
Description	Value Lien Holder(s)	Amt. Lien	Value
List tangible personal property purchased by	the debtor less than 90 days preceding Market	the filing of the bankruptcy petition	: Net
The exemptions provided in NCGS 1C-1601(purchased by the debtor less than 90 days pre bankruptcy, unless the purchase of the proper and no additional property was transferred into	eceding the initiation of judgment collecty is directly traceable to the liquidation	ction proceedings or the filing of a pon or conversion of property that ma	petition for
16. RECENT PURCHASES			
-NONE- TOTAL VALUE OF PROPERTY CLA	IMED AS EXEMPT	\$	0.00
15. EXEMPTIONS CLAIMED UNDE	ER NON-BANKRUPTCY FEDERAL	L LAW:	
91C (09/13) TOTAL VALUE OF PROPERTY CLA	IMED AS EXEMPT	\$	1,000.00

Debtor

Cecil Sammy Broadnax, Jr.

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF NORTH CAROLINA

In the Matter of: Cecil Sammy Broadnax, Jr. Sharon Annette Broadnax	Debtor.)))))	Case No. DEBTOR'S CLAIM FOR PROPERTY EXEMPTIONS
	DEBTOR'S CLAIM	FOR PR	OPERTY EXEMPTIONS

- I, **Sharon Annette Broadnax**, the undersigned debtor, hereby claim the following property as exempt pursuant to 11 U.S.C. \S 522(b)(3)(A), (B), and (C), the Laws of the State of North Carolina, and non-bankruptcy federal law.
 - ☐ Check if the debtor claims as exempt any amount of interest that exceeds \$125,000 in value in property that the debtor or a dependent of the debtor uses as a residence.
- 1. REAL OR PERSONAL PROPERTY USED BY DEBTOR OR DEBTOR'S DEPENDENT AS RESIDENCE OR BURIAL PLOT. (NCGS 1C-1601(a)(1)).

Select appropriate exemption amount below:

- Total net value not to exceed \$35,000.
- Total net value not to exceed \$60,000. (Debtor is unmarried, 65 years of age or older, property was previously owned by debtor as tenant by the entireties or joint tenant with rights of survivorship, and former co-owner is deceased.)

Description of Property & Address 103 Percy Street Reidsville, NC 27320-8806 Rockingham County	Market Value	Mtg. Holder or Lien Holder(s)	Amt. Mtg. or Lien		Net Value
Doublewide Mobile Home and Land located at 103 Percy Street, Reidsville, NC 27320	95,013.00	CitiFinancial Bankruptcy Dept	99,606.00		0.00
(a) Total Net	Value		\$	0.00	
Total Net Exe	emption		\$	35,000.00	
(b) Unused po	ortion of exemp	tion, not to exceed \$5,000.	\$	0.00	
	in any property	carried forward and used to claim owned by the debtor. (NCGS			

2. **TENANCY BY THE ENTIRETY.** The following property is claimed as exempt pursuant to 11 U.S.C. § 522(b)(3)(B) and the laws of the State of North Carolina pertaining to property held as tenants by the entirety.

Description of	Market	Mtg. Holder or Lien	Amt. Mtg.	Net
Property & Address	Value	Holder(s)	or Lien	Value
-NONE-				

3. **MOTOR VEHICLE.** (NCGS 1C-1601(a)(3). Only one vehicle allowed under this paragraph with net value claimed as exempt not to exceed \$3,500.)

Year, Make	Market			Net
Model of Auto	Value	Lien Holder(s)	Amt. Lien	Value
1987 ford Ranger 2WD	350.00			350.00
1998 Ford Expidition 4wd	975.00			975.00
1999 Mercury Sable	800.00			800.00
2006 Ford Taurus	4,000.00			4,000.00
5x8 2 wheel trailor hitch 30 years old	250.00			250.00

Year, Make Model of Auto	Market Value Lien Hol	der(s)		Amt. Lien	Net Value
(a) Statutory allowance		\$	3,500		
(b) Amount from 1(b) above to be use (A part or all of 1(b) may be used	1 0 1	\$	0.00		
	Total Net Exempti	on \$	3,187.50		

4. **TOOLS OF TRADE, IMPLEMENTS, OR PROFESSIONAL BOOKS.** (NCGS 1C-1601(a)(5). Used by debtor or debtor's dependent. Total net value of all items claimed as exempt not to exceed \$2,000.)

Description Value -NONE-	Lien Holder((s)	Amt. Lien	Net Value
(a) Statutory allowance		\$	2,000	
(b) Amount from 1(b) above to be used in this paragraph (A part or all of 1(b) may be used as needed.)	1.	\$	0.00	
Total No	et Exemption	\$	0.00	

5. **PERSONAL PROPERTY USED FOR HOUSEHOLD OR PERSONAL PURPOSES NEEDED BY DEBTOR OR DEBTOR'S DEPENDENTS.** (NCGS 1C-1601(a)(4). Debtor's aggregate interest, not to exceed \$5,000 in value for the debtor plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents.)

Circ Noperty Value Circ Holder(s) Amt. Lien Value 75.00 75.00 75.00 32 inch flat screen TV, DVD player, both 10 years old 40 200.00	Description	Market			Net
32 inch flat screen TV, DVD player, both 10 years old 75.00 75.00 200.00 200.00	of Property	Value	Lien Holder(s)	Amt. Lien	Value
Dayer, both 10 years old 75.00 200.00 20	22 Rifle 30 years old	75.00			75.00
Dayer, both 10 years old 75.00 200.00 20	32 inch flat screen TV. DVD				
380 pistol 12 years old	player, both 10 years old	75.00			75.00
Den 65 inch flat screen TV 2 years old, DVD player 10 years old, two table laps 500.00					
years old, DVD player 10 years old, two table laps 500.00 Den has a couch, chair, two years old, one recliner 10 yrs old, two end tables, 10 years old, second recliner 23 years old, low entertainment center 12 years old. two ceiling to floor shelving cabinets 15 years old. Den Wall hangings 20.00 Den Wall hangings 20.00 Dining Room Curio Case with lighting 15 yrs old 100.00 Dining Room Table and six chairs 15 yes old 250.00 Dining Room Wall hangings 20.00 Dining Room Wall hangings 20.00 Dining Room Table and six chairs 15 yrs old 250.00 Dining Room Wall hangings 20.00 Elat screen 51inch TV, 5 yrs old 20.00 Kitchen appliances, blenders, toaster oven, microwave, toaster, food processor, electric mixers 200.00 Kitchen deep freezer 15 years old 50.00 Kitchen dishes, flatware, pots, pans, platters and such Kitchen dishwasher 15 yrs old 75.00 Kitchen Refrigerator 15 years	caliber pistol 12 years old	200.00			200.00
South	Den 65 inch flat screen TV 2				
Den has a couch, chair, two years old, one recliner 10 yrs old, two end tables, 10 years old, two end tables, 10 years old, low entertainment center 12 years old. It wo ceiling to floor shelving cabinets 15 years old. It wo ceiling to floor shelving cabinets 15 years old.	years old, DVD player 10 years				
years old, one recliner 10 yrs old, two end tables, 10 years old, second recliner 23 years old, low entertainment center 12 years old. two ceiling to floor shelving cabinets 15 years old. Den Wall hangings 20.00 600.00 Den Wall hangings 20.00 100.00 Dining Room Curio Case with lighting 15 yrs old 100.00 100.00 Dining Room Table and six chairs 15 yrs old 250.00 250.00 Dining Room Wall hangings 20.00 250.00 Dining Room Wall hangings 20.00 20.00 Flat screen 51inch TV, 5 yrs old 200.00 Kitchen appliances, blenders, toaster oven, microwave, toaster, food processor, electric mixers 200.00 Kitchen deep freezer 15 years old 50.00 Kitchen dishes, flatware, pots, pans, platters and such 150.00 Kitchen dishwasher 15 yrs old 75.00 Kitchen Refrigerator 15 years	old, two table laps	500.00			500.00
old, two end tables, 10 years old, second recliner 23 years old, low entertainment center 12 years old. two ceiling to floor shelving cabinets 15 years old. Second recliner 25 years old. Second recliner 26 years old. Second recliner 27 years old. Second recliner 28 years old. Second recliner 29 years old.	Den has a couch, chair, two				
old, second recliner 23 years old, low entertainment center 12 years old. two ceiling to floor shelving cabinets 15 years old. 600.00 Den Wall hangings 20.00 20.00 Dining Room Curio Case with lighting 15 yrs old 100.00 Dining Room Table and six chairs 15 yrs old 250.00 Dining Room Wall hangings 20.00 250.00 Dining Room Wall hangings 20.00 20.00 Flat screen 51inch TV, 5 yrs old 200.00 Kitchen appliances, blenders, toaster oven, microwave, toaster, food processor, electric mixers 200.00 Kitchen deep freezer 15 years old 50.00 Kitchen dishes, flatware, pots, pans, platters and such 150.00 Kitchen dishwasher 15 yrs old 75.00 Kitchen Refrigerator 15 years					
old, low entertainment center 12 years old. two ceiling to floor shelving cabinets 15 years old. 600.00 600.00 Den Wall hangings 20.00 20.00 Dining Room Curio Case with lighting 15 yrs old 100.00 100.00 Dining Room Table and six chairs 15 yrs old 250.00 250.00 Dining Room Wall hangings 20.00 20.00 Flat screen 51inch TV, 5 yrs old 200.00 200.00 Kitchen appliances, blenders, toaster oven, microwave, toaster, food processor, electric mixers 200.00 200.00 Kitchen deep freezer 15 years old 50.00 50.00 Kitchen dishes, flatware, pots, pans, platters and such 150.00 75.00 Kitchen dishwasher 15 yrs old 75.00 75.00 Kitchen Refrigerator 15 years 75.00					
12 years old. two ceiling to floor shelving cabinets 15 years old. 600.00 600.00					
floor shelving cabinets 15 years old. 600.00 Den Wall hangings 20.00 Dining Room Curio Case with lighting 15 yrs old 100.00 Dining Room Table and six chairs 15 yrs old 250.00 Dining Room Wall hangings 20.00 Flat screen 51inch TV, 5 yrs old 200.00 Kitchen appliances, blenders, toaster oven, microwave, toaster, food processor, electric mixers 200.00 Kitchen deep freezer 15 years old 50.00 Kitchen dishes, flatware, pots, pans, platters and such 150.00 Kitchen Refrigerator 15 years	•				
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Den Wall hangings 20.00 20.00		600.00			600.00
Dining Room Curio Case with lighting 15 yrs old 100.00 100.00 Dining Room Table and six chairs 15 yrs old 250.00 250.00 Dining Room Wall hangings 20.00 20.00 Flat screen 51inch TV, 5 yrs old 200.00 200.00 Kitchen appliances, blenders, toaster oven, microwave, toaster, food processor, electric mixers 200.00 200.00 Kitchen deep freezer 15 years old 50.00 50.00 Kitchen dishes, flatware, pots, pans, platters and such 150.00 150.00 Kitchen dishwasher 15 yrs old 75.00 75.00 Kitchen Refrigerator 15 years 150.00 150.00	· · · · · · · · · · · · · · · · · · ·				
lighting 15 yrs old 100.00 Dining Room Table and six chairs 15 yrs old 250.00 Dining Room Wall hangings 20.00 Flat screen 51inch TV, 5 yrs old 200.00 Sitchen appliances, blenders, toaster oven, microwave, toaster, food processor, electric mixers 200.00 Kitchen deep freezer 15 years old 50.00 Kitchen dishes, flatware, pots, pans, platters and such 150.00 Kitchen dishwasher 15 yrs old 75.00 Kitchen Refrigerator 15 years 150.00		20.00			20.00
Dining Room Table and six chairs 15 yrs old 250.00 250.00 Dining Room Wall hangings 20.00 Flat screen 51inch TV, 5 yrs old 200.00 Kitchen appliances, blenders, toaster oven, microwave, toaster, food processor, electric mixers 200.00 Kitchen deep freezer 15 years old 50.00 Kitchen dishes, flatware, pots, pans, platters and such 150.00 Kitchen Refrigerator 15 years		400.00			400.00
chairs 15 yrs old 250.00 Dining Room Wall hangings 20.00 Flat screen 51inch TV, 5 yrs old 200.00 Skitchen appliances, blenders, toaster oven, microwave, toaster, food processor, electric mixers 200.00 Kitchen deep freezer 15 years old 50.00 Kitchen dishes, flatware, pots, pans, platters and such 150.00 Kitchen dishwasher 15 yrs old 75.00 Kitchen Refrigerator 15 years 150.00		100.00			100.00
Dining Room Wall hangings 20.00 200.00 Flat screen 51inch TV, 5 yrs old 200.00 Kitchen appliances, blenders, toaster oven, microwave, toaster, food processor, electric mixers 200.00 Kitchen deep freezer 15 years old 50.00 Kitchen dishes, flatware, pots, pans, platters and such 150.00 Kitchen dishwasher 15 yrs old 75.00 Kitchen Refrigerator 15 years		250.00			250.00
Flat screen 51inch TV, 5 yrs old 200.00 200.00 Kitchen appliances, blenders, toaster oven, microwave, toaster, food processor, electric mixers 200.00 Kitchen deep freezer 15 years old 50.00 Kitchen dishes, flatware, pots, pans, platters and such 150.00 Kitchen dishwasher 15 yrs old 75.00 Kitchen Refrigerator 15 years	•				
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Kitchen appliances, blenders, toaster oven, microwave, toaster, food processor, electric mixers 200.00 Kitchen deep freezer 15 years old 50.00 Kitchen dishes, flatware, pots, pans, platters and such 150.00 Kitchen dishwasher 15 yrs old 75.00 Kitchen Refrigerator 15 years 150.00		000.00			000.00
toaster oven, microwave, toaster, food processor, electric mixers 200.00 Kitchen deep freezer 15 years old 50.00 Kitchen dishes, flatware, pots, pans, platters and such Kitchen dishwasher 15 yrs old Kitchen Refrigerator 15 years		200.00			200.00
toaster, food processor, electric mixers 200.00 Kitchen deep freezer 15 years old 50.00 Kitchen dishes, flatware, pots, pans, platters and such 150.00 Kitchen dishwasher 15 yrs old 75.00 Kitchen Refrigerator 15 years 150.00					
electric mixers 200.00 Kitchen deep freezer 15 years old 50.00 Kitchen dishes, flatware, pots, pans, platters and such 150.00 Kitchen dishwasher 15 yrs old 75.00 Kitchen Refrigerator 15 years 150.00	· · · · · · · · · · · · · · · · · · ·				
Kitchen deep freezer 15 years old 50.00 50.00 Kitchen dishes, flatware, pots, pans, platters and such 150.00 Kitchen dishwasher 15 yrs old 75.00 Kitchen Refrigerator 15 years		200.00			200.00
old 50.00 50.00 Kitchen dishes, flatware, pots, pans, platters and such 150.00 150.00 Kitchen dishwasher 15 yrs old 75.00 75.00 Kitchen Refrigerator 15 years 150.00 150.00		200.00			200.00
Kitchen dishes, flatware, pots, pans, platters and such Kitchen dishwasher 15 yrs old Kitchen Refrigerator 15 years Kitchen Refrigerator 15 years		50.00			50.00
pans, platters and such 150.00 Kitchen dishwasher 15 yrs old Kitchen Refrigerator 15 years		30.00			30.00
Kitchen dishwasher 15 yrs old Kitchen Refrigerator 15 years 75.00		150.00			150.00
Kitchen Refrigerator 15 years					
		/5.00			75.00
010 130.00		150.00			150.00
	ola				130.00

Description of Property	Market Value	Lien Holder(s)		Amt. Lien	Ne Valu
Kitchen stove 15 yrs old	100.00				100.00
Kitchen Table with four chairs	75.00				75.00
Living room couch, loveseat, and chair set, 4 table set, all 15 years old Livingroom 37 inch flat screen,	600.00				600.00
3 years old, two table lamps 15	125.00				125.0
/ears old, DVD player _ivingroom Wall hangings	40.00				40.00
Marksberg pump shotgun 30	40.00				40.0
ears old	200.00				200.0
Master Bedroom DVD player					
and DVD recorder, stereo CD					
olayer, 12 year old computer,					
12 year old treadmill, 12 year	400.00				400.0
old excercise bicycle	400.00				400.0
Master bedroom King size bed					
with dresser, amore, two night					
stands, 2 desks, recliner chair,					
cedar chest, all is 15 plus years old	350.00				350.0
Riding lawn mower 12 years					
old	1,000.00				1,000.0
Second bedroom queen size					
ped, two chest of drawers,					
entertainment cabinet, all	400.00				400.0
about 10 years old	100.00				100.0
Third bedroom - daughters					
room - Full size bed, one					
dresser with Mirror, chest of drawers, bookcase with books,					
small student desk, all are 10					
ears old	200.00				200.0
Third bedroom 42 inch flat					
screen TV 5 years old, DVD					
player 5 years old, Lap top	450.00				450.0
Computer, 1 year old;	150.00				150.0
Washing maching and dryer 10	250.00				250.0
years old	230.00				230.0
Wifes winter coats, shoes and coots, pants and tops	400.00				400.0
				Total Net Value	6,655.0
					.,
(a) Statutory allowance for debtor		\$		5,000	
(b) Statutory allowance for debtor's de	ependents: 1 de	ependents at			
\$1,000 each (not to exceed \$4,000 total	l for dependents)	•		1,000.00	
c) Amount from 1(b) above to be use		1.			
(A part or all of 1(b) may be used	as needed.)			0.00	
			_	. 137 . 79	0.507.5
			To	tal Net Exemption	3,527.5
LIFE INSURANCE. (As pro	vided in Article X	Section 5 of North Car	rolina Co	nstitution)	
		, or 1101th Cul	- J CO	/	
Name of Insurance Company\I	Policy No.\Name o	of Insured\Policy Date\N	Name of	Beneficiary	
-NONE-				·	

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Description: -NONE-

DEBTOR'S RIGHT TO RECEIVE FOLLOW amount.)	VING COMPENSATION: (NCGS 1	1C-1601(a)(8). No limit	on number or
B. \$ -NONE- Compensation for death	of person of whom debtor was deper		for support.
TREATED IN THE SAME MANNER AS AN	INDIVIDUAL RETIREMENT PI	LAN UNDER THE INT	ERNAL
Detailed Description		Valu	e
husband's job 401 K Detailed Description wifes job 401 k		Valu	30,000.00 e 12,000.00
(NCGS 1C-1601(a)(10). Total net value not to e plan within the preceding 12 months not in the or	xceed \$25,000 and may not include a rdinary course of the debtor's financia	any funds placed in a col al affairs. This exemption	lege saving on applies only
Detailed Description -NONE-		Valu	e
UNITS OF OTHER STATES, TO THE EXTETHAT STATE OR GOVERNMENTAL UNIT Description:	ENT THOSE BENEFITS ARE EX	EMPT UNDER THE L	
	NTENANCE AND CHILD SUPPO	PRT. (NCGS 1C-1601(a))(12). No limit
on amount to the extent such payments are reason	nably necessary for the support of De	ebtor or dependent of De	btor.)
Description: -NONE-			
HAS NOT PREVIOUSLY BEEN CLAIMED	ABOVE. (NCGS 1C-1601(a)(2). The state of t	he amount claimed may	
_ ,	Lien Holder(s)	Amt. Lien	Net Value
tal Net Value of property claimed in paragraph 13.		\$	0.00
ss amounts from paragraph 1(b) which were used in Paragraph 3(b) Paragraph 4(b)	\$ 0.00 \$ 0.00	\$	0.00
	· -	\$ 	0.00
OTHER EXEMPTIONS CLAIMED UNDER	THE LAWS OF THE STATE OF	NORTH CAROLINA:	
			800.00 200.00
) i	A. \$NONE- B. \$NONE- Compensation for personal compensation for death Compensation for death Compensation for death Compensation from prival compensation for death Compensation from prival compensation from prival compensation from prival compensation for death Compensati	A. \$NONE- Compensation for personal injury to debtor or to person who B. \$NONE- Compensation for death of person of whom debtor was depect. \$NONE- Compensation from private disability policies or amuities. INDIVIDUAL RETIREMENT PLANS AS DEFINED IN THE INTERNAL RETIREMENT PLANS AS DEFINED IN THE INTERNAL RETIREMENT PLANS AS DEFINED IN THE INTERNAL RETIREMENT PLANS AS INDIVIDUAL RETIREMENT PLANS AS INDIVIDUAL RETIREMENT PLANS AS DEFINED IN 11 U.S.C. \$ 522(b)(3)(c). Detailed Description Listed Detailed Description Description: NONE- Description: NONE- Description: NONE- Description: De	A. \$ NONE- Compensation for personal injury to debtor or to person whom debtor was dependent B. \$ NONE- Compensation for death of person of whom debtor was dependent for support. C. \$ NONE- Compensation from private disability policies or annuities. INDIVIDUAL RETIREMENT PLANS AS DEFINED IN THE INTERNAL REVENUE CODE AND ATTREATED IN THE SAME MANNER AS AN INDIVIDUAL RETIREMENT PLAN UNDER THE INTREVENUE CODE. (NCGS IC-1601(a)(9). No limit on number or amount.) AND OTHER RETIREMEN DEFINED IN II U.S.C. \$ \$52(b)(3)(c). Detailed Description Walus Mides job 401 k COLLEGE SAVINGS PLANS QUALIFIED UNDER SECTION 529 OF THE INTERNAL REVENUE (NCGS IC-1601(a)(10). Total net value not to exceed \$25,000 and may not include any funds placed in a col plan within the preceding I2 months not in the ordinary course of the debro's financial affairs. This service plan within the preceding I2 months not in the ordinary course of the debro's financial affairs. This very expenses.) Detailed Description NONE- Detailed Description Value Postalled Description NONE- RETIREMENT BENEFITS UNDER A RETIREMENT PLAN OF OTHER STATE AND GOVERNMI UNITS OF OTHER STATES, TO THE EXTENT THOSE BENEFITS ARE EXEMPT UNDER THE L. THAT STATE OR GOVERNMENTAL UNIT. (NCGS IC-1601(a)(11). No limit on amount.) Description: NONE- ALIMONY, SUPPORT, SEPARATION MAINTENANCE AND CHILD SUPPORT. (NCGS IC-1601(a) on amount to the extent such payments are reasonably necessary for the support of Debtor or dependent of De Description: NONE- ANY OTHER REAL OR PERSONAL PROPERTY WHICH DEBTOR DESIRES TO CLAIM AS EXE HAS NOT PREVIOUSLY BEEN CLAIMED ABOVE. (NCGS IC-1601(a)(2). The amount claimed may remaining amount available under paragraph 1(b) which has not been used for other exemptions.) Market Value Lien Holder(s) Amt Lien E- Lat Net Value of property claimed in paragraph 13. S and amount available from paragraph 1(b) Paragraph 3(b) Paragraph 5(c) Paragraph 5(c) Paragraph 1(b) Net Balance Available from paragraph 1(b) Net Balance Available from para

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2/00/46	3:57PM

91C (<i>09/13</i>)		
TOTAL VALUE OF PROPERTY CLAIMED AS EXEMPT	\$	1,000.00
15. EXEMPTIONS CLAIMED UNDER NON-BANKRUPTCY FEDERAL LAW	V:	
-NONE-		
TOTAL VALUE OF PROPERTY CLAIMED AS EXEMPT	\$	0.00

16. RECENT PURCHASES

The exemptions provided in NCGS 1C-1601(a)(2), (3), (4), and (5) are inapplicable with respect to tangible personal property purchased by the debtor less than 90 days preceding the initiation of judgment collection proceedings or the filing of a petition for bankruptcy, unless the purchase of the property is directly traceable to the liquidation or conversion of property that may be exempt and no additional property was transferred into or used to acquire the replacement property.

List tangible personal property purchased by the debtor less than 90 days preceding the filing of the bankruptcy petition:

Description -NONE-	Market Value	Lien Holder(s)	Amt. Lien	Net Value
DATE March 8, 2016		/s/ Sharon Annette	Broadnax	
		Sharon Annette Bro	padnax	
		Joint Debtor		

1 Cecil Sammy Br First Name 2 Sharon Annette First Name States Bankruptcy Court for the:	roadnax, Jr. Middle Name Last Name			
First Name 2 Sharon Annette First Name	Middle Name Last Name Broadnax			
f, filing) First Name				
, 3,	Middle Name Last Name			
States Bankruptcy Court for the:				
	MIDDLE DISTRICT OF NORTH CAROLINA			
umber				
			☐ Check	if this is an
			amend	ded filing
ol Form 106D				
edule D: Creditors	Who Have Claims Secured	by Propert	y	12/15
	out, number the entries, and attach it to this form. O	n the top of any addition	nal pages, write your na	me and case
•	vour property?			
•		ou have nothing else t	o report on this form	
	·	od nave notning else t	o report on this form.	
_	pelow.			
List All Secured Claims		Caluman A	Calumn B	Column C
				Unsecured
		Do not deduct the	that supports this	portion
Michaelal Davidous	·	value of collateral.	claim	If any
	Describe the property that secures the claim:	\$99,606.00	\$95,013.00	\$4,593.00
editor's Name	1			
	27320-8806 Rockingham County			
	Doublewide Mobile Home and Land			
.O. Box 6043				
ioux Falls, SD	apply.			
7117-0643	☐ Contingent			
umber, Street, City, State & Zip Code	☐ Unliquidated			
	Disputed			
•	• • • • • • • • • • • • • • • • • • • •	cured		
	_ ′			
ck if this claim relates to a nmunity debt	Other (including a right to offset) Mortgage			
bt was incurred	Last 4 digits of account number 5045			
	mplete and accurate as possible. In d. copy the Additional Page, fill it of the known). To creditors have claims secured by No. Check this box and submit the Yes. Fill in all of the information In List All Secured Claims Il secured claims. If a creditor has reclaim. If more than one creditor has possible, list the claims in alphabetic itiFinancial Bankruptcy ept editor's Name O. Box 6043 inoux Falls, SD 7117-0643 imber, Street, City, State & Zip Code wes the debt? Check one. Or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and another ck if this claim relates to a munity debt	problem of the debtors and another of the debtor	mplete and accurate as possible. If two married people are filing together, both are equally responsible for sud, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any addition (if known). If creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to expect this possible, in the information below. List All Secured Claims Il secured claims. If a creditor has more than one secured claim, list the creditor separately claim. If more than one creditor has a particular claim, list the other creditor's name. Il secured claims. If a creditor has a particular claim, list the other creditor's name. Il secured Claims Il secured Claims Il secured Claims Il secured Claims. If a creditor has a particular claim, list the other creditor's name. Column A Amount of claim Do not deduct the value of collateral. It firmancial Bankruptcy ept Describe the property that secures the claim: 103 Percy Street Reidsville, NC 27320-8806 Rockingham County Doublewide Mobile Home and Land located at 103 Percy Street, Reidsville, NC 27320 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) In secured claims. If a creditor has a particular claim, list the creditor separately Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)	project and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, do copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your natification. If known). If creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. On the top of any additional pages, write your natification. It is the claims in all of the information below. List All Secured Claims If secured claims. If a creditor has more than one secured claim, list the creditor separately claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As possible, list the claims in alphabetical order according to the creditor's name. Column A Amount of claim Do not deduct the value of collateral and the value of collateral that supports this claim. It secured claims. If a creditor has more than one secured claim, list the creditor's name. Column A Amount of claim Do not deduct the value of collateral that supports this claim. It secured claims in alphabetical order according to the creditor's name. Sy9,606.00 \$99,606.00 \$99,606.00 \$95,013.00 \$95,013.00 \$95,013.00 \$95,013.00 \$00 creditors Name Column B Value of collateral that supports this claim. Column B Value of collateral that supports this claim. Sy9,606.00 \$99,606.00 \$95,013.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

If this is the last page of your form, add the dollar value totals from all pages.

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$99,606.00

Official Form 106D

Write that number here:

	Case 10	D-10235 DUC	1 Filed 03/08/16	Page 29 01	07	3/08/16 3:57PM
Fill in this infor	mation to identify your cas	se:				
Debtor 1	Cecil Sammy Broad	nax. Jr.				
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	Sharon Annette Bro	eadnax Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	NORTH CAROLINA			
Case number _					_	eck if this is an ended filing
	m 106E/F E/F: Creditors Who			or creditors with NON	PRIORITY claims	12/15
any executory con Schedule G: Execu Schedule D: Credit	tracts or unexpired leases tha utory Contracts and Unexpired tors Who Have Claims Secure ntinuation Page to this page.	at could result in a claim d Leases (Official Form 1 ed by Property. If more sp	. Also list executory contrac 106G). Do not include any cre pace is needed, copy the Par	ts on Schedule A/B: P editors with partially s t you need, fill it out, r	roperty (Official ecured claims th number the entrice	Form 106A/B) and on lat are listed in es in the boxes on the
Part 1: List A	II of Your PRIORITY Unse	cured Claims				
1. Do any credit	ors have priority unsecured c	laims against you?				
☐ No. Go to F	Part 2.					
Yes.						
2. List all of you identify what ty possible, list the	r priority unsecured claims. If ype of claim it is. If a claim has be the claims in alphabetical order a than one creditor holds a partic	ooth priority and nonpriority ccording to the creditor's r	v amounts, list that claim here a name. If you have more than tw	and show both priority a	nd nonpriority am	ounts. As much as
	ation of each type of claim, see					
	,		,	Total claim	Priority amount	Nonpriority amount
2.1 Commi	ment Security ssion reditor's Name	Last 4 digits o	f account number	\$0.00	\$0.	00 \$0.00
,	wis Street	When was the	debt incurred?		-	
	Street City State Zlp Code	As of the date	you file, the claim is: Check a	all that apply		
Who incurre	d the debt? Check one.	☐ Contingent				
Debtor 1	only	☐ Unliquidated	d			
Debtor 2	only	□ Disputed				
■ Debtor 1 :	and Debtor 2 only		RITY unsecured claim:			
_	ne of the debtors and another	<u></u> '	upport obligations			
_		п	certain other debts you owe the	a government		
	this claim is for a community		leath or personal injury while yo	=		

■ No ☐ Yes ■ Other. Specify Wages, salaries, and commissions

Debtor 1 Cecil Sammy Broadnax, Jr. Debtor 2 Sharon Annette Broadnax	Case number (if k	now)		
2.2 Internal Revenue Service	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Priority Creditor's Name P. O. Box 105017 Atlanta, GA 30348-5017	When was the debt incurred?			Ψ0.00
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.	☐ Contingent			
☐ Debtor 1 only	☐ Unliquidated			
☐ Debtor 2 only	☐ Disputed			
■ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
☐ At least one of the debtors and another	☐ Domestic support obligations			
☐ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the government			
Is the claim subject to offset?	\square Claims for death or personal injury while you were intoxi	cated		
No	Other. Specify			
☐ Yes				
North Carolina Department of	Lord Market Control	\$0.00	\$0.00	\$0.00
2.3 Revenue Priority Creditor's Name	Last 4 digits of account number	Ψ0.00	— 40.00 —	φυ.υυ
P.O. Box 25000	When was the debt incurred?			
Raleigh, NC 27640-0640 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.	☐ Contingent			
☐ Debtor 1 only	☐ Unliquidated			
Debtor 2 only	. □ Disputed			
■ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
☐ At least one of the debtors and another	☐ Domestic support obligations			
☐ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the government			
Is the claim subject to offset?	☐ Claims for death or personal injury while you were intoxi	cated		
■ No	Other. Specify			
☐ Yes				
Rockingham County Tax		* 0.00	#0.00	* 0.00
2.4 Department Priority Creditor's Name	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
371 NC-65 #107	When was the debt incurred?			
Reidsville, NC 27320 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.	☐ Contingent			
Debtor 1 only	☐ Unliquidated			
Debtor 2 only	☐ Disputed			
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
☐ At least one of the debtors and another	☐ Domestic support obligations			
☐ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the government			
Is the claim subject to offset?	\square Claims for death or personal injury while you were intoxi	cated		
No	Other. Specify			
☐ Yes				
Part 2: List All of Your NONPRIORITY Unsec	ured Claims			
3. Do any creditors have nonpriority unsecured claim	ns against you?			
\square No. You have nothing to report in this part. Submi	this form to the court with your other schedules.			
Yes.				
	e alphabetical order of the creditor who holds each claim.			
	claim. For each claim listed, identify what type of claim it is. Do			

Official Form 106 E/F

Part 2.

Debtor 1 Cecil Sammy Broadnax, Jr. Debtor 2 Sharon Annette Broadnax Case number (if know) **Total claim Argent Healthcare** 3207 \$197.00 4.1 Financial/Firstsource Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Department When was the debt incurred? Opened 6/01/15 1661 Lyndon Farm Court Louisville, KY 40223 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Annie Penn** ☐ Yes ■ Other. Specify Hospital-Spin **Argent Healthcare** 7548 \$125.00 4.2 Financial/Firstsource Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Department When was the debt incurred? Opened 7/01/15 1661 Lyndon Farm Court Louisville, KY 40223 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Annie Penn** Other. Specify ☐ Yes Hospital-Spin

	r 1 Cecil Sammy Broadnax, Jr. r 2 Sharon Annette Broadnax		Case number (if know)	
4.3	Argent Healthcare Financial/Firstsource	Last 4 digits of account number	4964	\$125.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department 1661 Lyndon Farm Court Louisville, KY 40223	When was the debt incurred?	Opened 8/01/15	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Collection A Hospital-Sp	Attorney Annie Penn iin	
4.4	C&f Finance Company	Last 4 digits of account number	1505	\$242.00
	Nonpriority Creditor's Name 1313 E Main St Ste 400 Richmond, VA 23219	When was the debt incurred?	Opened 2/01/08 Last Active 11/08/13	
	Number Street City State ZIp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	\square Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Automobile	3	
4.5	Harris & Harris, Ltd Nonpriority Creditor's Name	Last 4 digits of account number	9259	\$1,676.00
	Harris & Harris, Ltd. 111 W Jackson Blvd 400 Chicago, IL 60604	When was the debt incurred?	Opened 9/01/14	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Collection	Attorney Cone Health	

Debtor 1 Cecil Sammy Broadnax, Jr. Debtor 2 Sharon Annette Broadnax			Case number (if know)	
4.6	Harris & Harris, Ltd	Last 4 digits of account number	0603	\$765.00
	Nonpriority Creditor's Name Harris & Harris, Ltd. 111 W Jackson Blvd 400 Chicago, IL 60604	When was the debt incurred?	Opened 11/01/11	
_	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□ Yes	Other. Specify Collection	Attorney Cone Health	
	Harris & Harris, Ltd Nonpriority Creditor's Name	Last 4 digits of account number	9383	\$263.00
	Harris & Harris, Ltd. 111 W Jackson Blvd 400 Chicago, IL 60604	When was the debt incurred?	Opened 11/01/13	
_	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Collection	Attorney Cone Health	
	Harris & Harris, Ltd Nonpriority Creditor's Name	Last 4 digits of account number	6133	\$200.00
	Harris & Harris, Ltd. 111 W Jackson Blvd 400	When was the debt incurred?	Opened 2/01/13	
_	Chicago, IL 60604 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	Пол		
	■ Debtor 2 only	☐ Contingent		
	_	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	At least one of the debtors and another	Student loans	. viaiiii.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	— No □ Yes	■ Other. Specify Collection	- •	
	L 163	Utner. Specify	Tation of John Health	

	Cecil Sammy Broadnax, Jr. Sharon Annette Broadnax		Case number (if know)	
	Pied Crd Col	Last 4 digits of account number	0931	\$367.00
	Nonpriority Creditor's Name 204 Boatwright Ave Danville, VA 24543	When was the debt incurred?		
=	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Med1 02 Da	anv Diagnostic Imaging Ctr	
	Security Finance	Last 4 digits of account number	8260	Unknown
	Nonpriority Creditor's Name Sfc Centralized Bankruptcy Po Box 1893	When was the debt incurred?	Opened 4/28/06 Last Active 4/28/06	
_	Spartansburg, SC 29304 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Secured		
1' 1	Sternrecsvcs Nonpriority Creditor's Name	Last 4 digits of account number	8391	\$71.00
	415 N Edgeworth St Greensboro, NC 27401	When was the debt incurred?		
_	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	and an and other similar 1111	
	■ No	Debts to pension or profit-sharin		
	Yes	Other. Specify Med1 02 G	reensboro Radiology	

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1	Cecil Sammy Broadnax, Jr.	
Debtor 2	Sharon Annette Broadnax	Case number (if know)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Т	otal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				Т	otal Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	4,031.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	4,031.00

Fill in this information to identify your case:						
Debtor 1	Cecil Sammy Broadnax, Jr.					
	First Name	Middle Name	Last Name			
Debtor 2	Sharon Annette E	on Annette Broadnax				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		MIDDLE DISTRICT OF				
Case number						
(if known)						

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the r, Street, City, State and ZIF	e contract or lease Code	State what the contract or lease is for		
2.1							
	Name						
	Number	Street					
	City		State	ZIP Code	_		
2.2							
	Name						
	Number	Street			<u> </u>		
	City		State	ZIP Code	_		
2.3	Oity		Olato	211 0000			
	Name						
	Number	Street			_		
	City		State	ZIP Code	<u> </u>		
2.4							
	Name				_		
	Number	Street			_		
	City		State	ZIP Code			
2.5							
	Name				_		
	Number	Street			<u> </u>		
	City		State	ZIP Code	<u> </u>		

Official Form 106G

Case 16-10235 Doc 1 Filed 03/08/16 Page 37 of 67

	Ou	30 10 10200 D	70 1 1 Hed 00/00/10 1 a	3/08/16 3:57PN
Fill in this	s information to identify ye	our case:		
Debtor 1	Cecil Sammy	Broadnax, Jr.		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, fili	Sharon Annet	te Broadnax Middle Name	Last Name	
United Sta	ates Bankruptcy Court for th	e: MIDDLE DISTRICT	OF NORTH CAROLINA	
Case num	ber			
(if known)				☐ Check if this is an
				amended filing
Officia	l Form 106H			
	dule H: Your Co	ndahtors		12/15
OCITED	dule II. Tour of	Juentoi 3		12/13
fill it out, a your name	and number the entries in e and case number (if kno	the boxes on the left. At wn). Answer every ques	tach the Additional Page to this page tion.	e space is needed, copy the Additional Page, e. On the top of any Additional Pages, write
1. Do	you have any codebtors?	(If you are filing a joint ca	ase, do not list either spouse as a codeb	tor.
■ No				
☐ Yes	S			
Arizon		ana, Nevada, New Mexico	, Puerto Rico, Texas, Washington, and	unity property states and territories include Wisconsin.)
in line Form out Co	e 2 again as a codebtor or 106D), Schedule E/F (Offi olumn 2.	nly if that person is a gua	arantor or cosigner. Make sure you h hedule G (Official Form 106G). Use S	ouse is filing with you. List the person shown ave listed the creditor on Schedule D (Official ichedule D, Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State a	nd ZIP Code		an 2: The creditor to whom you owe the debt all schedules that apply:
3.1			Пел	nedule D, line
3.1	Name			nedule E/F, line
				nedule G, line
-	Number Street			
	City	State	ZIP Code	
3.2	Name			nedule D, line
	Ivallic			nedule E/F, line
				nedule G, line
	Number Street	Stato	ZID Code	
	City	State	ZIP Code	

Fill in this informa	tion to identify your case:	
Debtor 1	Cecil Sammy Broadnax, Jr.	_
Debtor 2 (Spouse, if filing)	Sharon Annette Broadnax	_
United States Bar	nkruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA	_
Case number (If known)		Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter
Official Fo	orm 106l	13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

0.00

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed	■ Employed□ Not employed
	employers.	Occupation	Worker	Worker
	Include part-time, seasonal, or self-employed work.	Employer's name	Harris Teeter Distribution	Unifi
	Occupation may include student or homemaker, if it applies.	Employer's address	422 Chimney Rock road Greensboro, NC 27410	2920 VANCE STREET EXT Reidsville, NC 27320
		How long employed th	nere? 10 years	32 years

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2.748.50 2,500.53 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 2,748.50 2,500.53

	tor 1 tor 2	Sharon Annette Broadnax		(Case	e number (if known)			
					Fo	r Debtor 1		For Debtor 2 or non-filing spouse	
	Cop	by line 4 here	4.		\$_	2,748.50	\$	2,500.53	_
_	1 :-4								_
5.		all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	58		\$_	494.52	\$		_
	5b.	Mandatory contributions for retirement plans	5b		\$_	0.00	\$		_
	5c.	Voluntary contributions for retirement plans	50		\$_	27.86	\$		_
	5d.	Required repayments of retirement fund loans	50		\$_	553.50	\$		_
	5e. 5f.	Insurance	5e 5f		\$ \$	468.35	\$		_
	5g.	Domestic support obligations Union dues	5g		\$ _	0.00	\$		_
	5h.	Other deductions. Specify: United Way Charity		۶. ۱.+	\$ -		+ \$		_
	011.	Hugh Ashcraf C Charity	— "		\$-	4.33	\$		_
		Feeding America Charity			\$	4.33	\$		_
		American Heart Charity			\$	4.33	\$		_
		American Cancer Charity			\$	4.33	\$		_
6.	Δdc	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.		\$	1,565.88	\$	1,144.84	_
					· –				_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	1,182.62	\$	1,355.69	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm							
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	88		\$_	0.00	\$		_
	8b.	Interest and dividends	8b	Ο.	\$_	0.00	\$	0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce							
		settlement, and property settlement.	80		\$_	0.00	\$		_
	8d.	Unemployment compensation	80		\$_	0.00	\$		_
	8e.	Social Security	86	€.	\$_	0.00	\$	0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ce 8f		\$	0.00	\$	0.00	
	8g.	Pension or retirement income	— 80 80		\$ -	0.00	\$		_
	8h.	Other monthly income. Specify:).+	· -	0.00			_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	;	\$	0.00	\$	0.00	0
			1	L					
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		1,182.62 + \$		1,355.69 = \$	2,538.31
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedul ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no cify:	ur depe			•	•		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certallies						it	2,538.31
								Combii monthl	ned ly income
13.	Do :	you expect an increase or decrease within the year after you file this form No.	m? 						
		Yes. Explain:							

Fill in this inform	nation to identify your case:			
Debtor 1	Cecil Sammy Broadnax, Jr.	С	heck if this is:	
Debtor 2			-	wing postpotition short-
(Spouse, if filing)	Sharon Annette Broadnax		13 expenses as of	ving postpetition chapter the following date:
United States Ban	kruptcy Court for the: MIDDLE DISTRICT OF NORTH C	CAROLINA	MM / DD / YYYY	
Case number				
Official Fo	orm 106J			
	e J: Your Expenses			12/1
information. If I	e and accurate as possible. If two married people ar more space is needed, attach another sheet to this wn). Answer every question.			
Part 1: Desc	cribe Your Household			
I. Is this a jo				
	pes Debtor 2 live in a separate household?			
	·			
	Yes. Debtor 2 must file Official Form 106J-2, <i>Expense</i> s	for Separate Household of D	ebtor 2.	
2. Do you ha	ve dependents? □ No			
Do not list I Debtor 2.	Debtor 1 and Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not stat	e the			□ No
dependents	s names.	daughter	14	Yes
				□ No
				☐ Yes
				□ No □ Yes
				□ No
				☐ Yes
expenses	xpenses include of people other than nd your dependents? ■ No □ Yes			1 100
Estimate your e	mate Your Ongoing Monthly Expenses expenses as of your bankruptcy filing date unless y a date after the bankruptcy is filed. If this is a supp e.			
	ses paid for with non-cash government assistance in chassistance and have included it on Schedule I: 106I.)		Your exp	enses
, -				
	or home ownership expenses for your residence. In and any rent for the ground or lot.		. \$	747.00
If not inclu	uded in line 4:			
4a. Real	estate taxes	4a.	. \$	63.50
4h Pron	erty homeowner's or renter's insurance	4h	2	100.00

4c. \$

4d. \$

0.00

0.00

4c. Home maintenance, repair, and upkeep expenses

Additional mortgage payments for your residence, such as home equity loans

4d. Homeowner's association or condominium dues

6. Utilitiae: 6a. Electricity, heat, natural gas 6b. Water, sewer, gathage collection 6c. Telephone, cell phone, intermet, satellite, and cable services 6c. September 2000 6d. Others, Specify 6d. S. Quot 6d. Charitable cortibutions and religious donations 6d. Charitable cortibutions and religious donations 6d. Life insurance 6d. S. Quot 6d. Life insurance 6d. S. Quot 6d. Quot 6d. S. Quot 6d. Quot 6	Debt	tor 1 tor 2		mmy Broadnax, Jr. Annette Broadnax	Case num	Case number (if known)				
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, lement, satellite, and cable services 6c. \$288.00 6d. Other. Specify: 6d. \$ 0.00 7 Food and housekeeping supplies 7	6.	Utilit	ies:							
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other Specify: 6d. Speci		6a.	Electricity,	, heat, natural gas	6a.	\$	245.00			
64. Chier. Specify. Food and housekeeping supplies 7. \$ 433.33 8. Childcare and children's education costs 8. \$ 25.00 Clothing, Isundry, and dry cleaning 9. \$ 25.00 10. \$ 0.00 Personal care products and services 10. \$ 0.00 11. Medical and dental expenses 11. \$ 83.33 12. Transportation. Include gas, maintenance, bus or train fare. Do not include care payments. Eintertainment, clubs, recreation, newspapers, magazines, and books 12. \$ 430.00 Do not include care payments. Eintertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 500.00 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 159. Life insurance 150. S 0.00 150. Health insurance 150. \$ 0.00 150. Uniter insurance. Specify. 150. Other insurance. Specify. 150. Other insurance. Specify. 161. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 170. Care payments for Vehicle 1 171. Care payments for Vehicle 1 172. Care payments for Vehicle 2 173. S 0.00 174. Other, Specify: 175. Universe Specify: 176. Other, Specify: 177. S 0.00 177. Other, Specify: 177. S 0.00 178. Vour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). 180. Our payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). 190. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 22a. Add line 22a and 22b. The result is your monthly expenses from your monthly expenses from yo		6b.	Water, sev	wer, garbage collection	6b.	\$	42.67			
7. Food and housekeeping supplies Childcare and children's education costs Childcare and children's exitories Childcare and children's exitories Childcare and children's exitories Childcare and children's exitories Cho not include any expenses Cho not include any expenses Cho not include any expenses Charlable contributions and religious donations Charlable contributions Charlable contributions Charlable contributions Charlable contributions Ch		6c.	Telephone	e, cell phone, Internet, satellite, and cable services	6c.	\$	268.00			
8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. S 0.00 11. Medical and dental expenses 11. S 0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 12. S 4330.00 14. Charitable contributions and religious donations 14. S 20.00 15. Insurance. Do not include insurance adducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. S 0.00 15b. Health insurance 15c. S 103.00 15c. Vehicle insurance 15c. S 103.00 15c. Vehicle insurance 15d. Onto include taxes deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance 15c. S 103.00 15c. Vehicle insurance 15c. S 0.00 15d. Ufter insurance, Speatly 15d. Onto included taxes deducted from your pay or included in lines 4 or 20. Specify 17e. Care payments for Vehicle 2 17e. Corter. Specify: 17e. Car payments for Vehicle 2 17e. S 0.00 17e. Other. Specify: 17e. Care payments of almony, maintenance, and support that you did not report as deducted from your pay on lines 5, Schedule I, Your Income (Official Form 106). 15d. Vour payments of almony, maintenance, and support that you did not report as deducted from your pay on lines 5, Schedule I, Your Income (Official Form 106). 15d. Secily 17e. Other Specify: 17e. Care payments of almony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). 15d. Secily 16d. S 0.00 17e. Other specify: 17e. Care payments of almony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). 15d. Secily 15d. S 0.00		6d.	Other. Spe	ecify:	6d.	\$	0.00			
9. Clothing, laundry, and dry cleaning 9. \$ 25,00 11. Medical and cere products and services 10. \$ 0,00 11. Medical and dental expenses 11. \$ 83,33 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$ 4340.00 13. Clother contributions and religious donations 14. \$ 20,00 14. Charitable contributions and religious donations 15. Insurance. 16. Insurance. 17. Do not include insurance deducted from your pay or included in lines 4 or 20. 18. Life insurance 155. \$ 0.00 18. Life insurance 155. \$ 0.00 18. Vehicle insurance 155. \$ 0.00 19. Vehicle 1 17a. \$ 0.00 19. Vehicle 1 17b. \$ 0.00 19. Vehicle 1 17c. \$ 0.00 19. Vehicle 1 17c. \$ 0.00 19. Vehicle 1 17c. \$ 0.00 19. Vehicle 2 17b. \$ 0.00 19. Vehicle 2 17b. \$ 0.00 19. Vehicle 2 17b. \$ 0.00 19. Vehicle 3 17b. \$ 0.00 1	7.	Food	d and house	ekeeping supplies	7.	\$	433.33			
10. Personal care products and services 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. 13. Transportation. Include gas, maintenance, bus or train fare. 14. \$ 430.00 15. Donot include car payments. 15. \$ 430.00 16. Charitable contributions and religious donations 16. Charitable contributions and religious donations 17. \$ 20.00 18. Life insurance 18. \$ 0.00 18. Life insurance deducted from your pay or included in lines 4 or 20. 18. Life insurance 18. \$ 0.00 18. Life insurance 18. \$ 0.00 18. Life insurance 18. \$ 0.00 18. Life insurance. 18. \$ 0.00 18. Life insurance. 18. \$ 0.00 18. Life insurance. 18. \$ 0.00 19. \$ 0	8.	Child	dcare and c	children's education costs	8.	\$	25.00			
11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 13. \$ 430.00 Interfrainment, clubs, recreation, newspapers, magazines, and books 13. \$ 500.00 Interfrainment, clubs, recreation, newspapers, magazines, and books 14. \$ 20.00 Interfrainment, clubs, recreation, newspapers, magazines, and books 15. Insurance Do not include insurance deducted from your pay or included in lines 4 or 20. It is a Life insurance 15b. \$ 0.00 It is Life insurance 15c. \$ 0.00 It is Life insurance 15c. \$ 103.00 It is Life insurance 15c. \$ 103.00 It is 17c. \$ 0.00 It is 1	9.	Cloth	hing, laund	Iry, and dry cleaning	9.	\$	25.00			
12. Transportation. Include gas, maintenance, bus or train fare. 12. \$ 430.00	10.	Pers	onal care p	products and services	10.	\$	0.00			
Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 1. Entertainment clubs, recreation, newspapers,	11.	Medi	ical and de	ntal expenses	11.	\$	83.33			
13 Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 500.00 14. Charitable contributions and religious donations 14. \$ 20.00 15. Insurance.	12.	Tran	sportation.	Include gas, maintenance, bus or train fare.	40		430.00			
14. Savana Sava	4.0					· -				
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Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle in				tributions and religious donations	14.	\$	20.00			
15a. Life insurance 15a. \$ 0.00 15b. Health insurance 15b. \$ 0.00 15b. Health insurance 15b. \$ 0.00 15b. Vehicle insurance. Specify: 15c. Vehicle insurance. Specify: 15d. Other insurance of Vehicle 1 17a. \$ 0.00 17b. Other specify: 17d. Other. Specify: 17d.	15.			acuranae deducted from your pay or included in lines 4 or 20						
15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15d. \$ 103.00 15d. Other insurance. Specify: 15d. \$ 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17a. \$ 0.00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17d. Other. Specify: 17e. S 0.00 17b. Car payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106i). 18. Your payments you make to support others who do not live with you. Specify: 19 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Other specify: 21. ★\$ 0.00 21. ★\$ 0.00 22. Calculate your monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add lines 24 through 21. 22b. Copy line 22 (monthly expenses form line 22c above. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy line 22 (monthly expenses from line 22c above. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from line 22c above. 23d. Subtract your monthly expenses from line 22c above. 23d. Subtract your monthly expenses from line 22c above. 23d. Subtract your monthly expenses from line 22c above. 23d. Subtract your monthly expenses from line 22c above. 23d. Subtract your monthly expenses from line 22c above. 23d. Subtract your monthly expenses from line 22c above. 24d. Do you expect of linish paying for your car loan within the year after you file this form? For example, do you expect t					15a	\$	0.00			
15c. Vehicle insurance. \$15c. \$ 103.00 15d. Other insurance. Specify: 15d. \$ 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$						*				
15d. Other insurance. Specify: 15 Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.00 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. S 0.00 17c. Other. Specify: 17d. S 0.00 17d. Vour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Vour payments oy make to support others who do not live with you. Specify: 19. 19. 19. 10. 18. S 0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. S 0.00 20b. Real estate taxes 20b. S 0.00 20c. Property, homeowner's, or renter's insurance 20c. S 0.00 20d. Maintenance, repair, and upkeep expenses 20d. S 0.00 20e. Homeowner's association or condominium dues 20e. S 0.00 21. Other: Specify: 21. +\$ 0.00 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy your monthly expenses from your monthly expenses. 23a. Copy your monthly expenses from line 22c above. 23b\$ 3,085.83 23c. Subtract your monthly pexpenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly pexpenses from your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year of do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?						·				
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Cher. Specify: 17c. S 0.00 17c. Other. Specify: 17d. Other. Specify: 18 Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: 21. +\$ 0.00 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add lines 24 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add lines 24 through 21. 23b. Copy your monthly net income. 23a. Capy Inen 12 (your combined monthly income) from Schedule I. 23a. \$ 2,538.31 23b. Copy your monthly expenses from your monthly income. The result is your monthly expenses from your monthly income. The result is your monthly expenses from your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year of do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?						·				
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17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 20e. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Subtract your monthly expenses from line 22c above. 23b\$ 3,085.83 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		Spec	eify:			\$	0.00			
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	24.	For ex	xample, do yo	ou expect to finish paying for your car loan within the year or do you exp			or decrease because of a			
				Explain here:						

Fill in this inforr	mation to identify your	case:		
Debtor 1	Cecil Sammy Bro			
Dahtar 0	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	Sharon Annette E	Middle Name	Last Name	
(Opodse II, IIIIIIg)	i ii st i vaine	Middle Name	Last Name	
United States Ba	inkruptcy Court for the:	MIDDLE DISTRICT OF	NORTH CAROLINA	
Case number				
(if known)				☐ Check if this is an amended filing
Official Forn	n 106Dec			
-		ın Individual	Debtor's Scheo	dules 12/15
Doolarat	TOTT ABOUT C		Bester 8 Goriet	12/13
If two married pe	eople are filing togethe	r, both are equally respo	nsible for supplying correct in	formation.
obtaining money		n connection with a bank		ng a false statement, concealing property, or s up to \$250,000, or imprisonment for up to 20
Sigr	n Below			
Did you pa	y or agree to pay some	one who is NOT an attor	ney to help you fill out bankru	ptcy forms?
■ No				
☐ Yes. N	Name of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under pena	Ity of perjury, I declare	that I have read the sum	mary and schedules filed with	this declaration and

X /s/ Sharon Annette Broadnax

Sharon Annette Broadnax

Signature of Debtor 2

Date March 8, 2016

that they are true and correct.

Signature of Debtor 1

Date March 8, 2016

X /s/ Cecil Sammy Broadnax, Jr.

Cecil Sammy Broadnax, Jr.

Fill	in this inf	formation to identify you	r case:				
Deb	otor 1	Cecil Sammy Br	oadnax, Jr.				
		First Name	Middle Name	Last Name			
	otor 2	Sharon Annette		Loot Name			
(Spo	use if, filing)	First Name	Middle Name	Last Name			
Uni	ted States	Bankruptcy Court for the:	MIDDLE DISTRICT OF I	NORTH CAROLINA			
Car	se number						
	iown)					□ Che	eck if this is an
						_	ended filing
Sta Be a	ateme	te and accurate as poss If more space is needed,	ible. If two married people attach a separate sheet to	duals Filing for E are filing together, both are this form. On the top of ar	e equally responsible for		
		own). Answer every que ve Details About Your Ma	stion. arital Status and Where Yo	u Lived Before			
1.	What is y	our current marital statu	ıs?				
	■ Marı						
	⊔ Not	married					
2.	During th	ne last 3 years, have you	lived anywhere other than	where you live now?			
	■ No	List all afths places	lived in the leat 2 vector De u	at in alcola college and constitute and			
	⊔ Yes.	List all of the places you	ived in the last 3 years. Do r	ot include where you live no	N.		
	Debtor 1	Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior A	ddress:		Dates Debtor 2 lived there
				gal equivalent in a commu evada, New Mexico, Puerto F			
olate	oo ana ton	nones melado / mzeria, es	imorria, radro, Lodiolaria, re	rada, ram moxido, r donto r	tioo, Toxao, Traomington	ana mo	001101111.)
	No						
	☐ Yes.	Make sure you fill out Sci	hedule H: Your Codebtors (C	Official Form 106H).			
Par	t 2 Ex	plain the Sources of You	ır Income				
,	Did var: '	any income from a	nnloyment or from oncesti	na a business during this.	our or the two province	0 00100-1	or veere?
4.	Fill in the	total amount of income yo	u received from all jobs and	ng a business during this y all businesses, including par re together, list it only once u	t-time activities.	s calenda	ar years?
	_						
	■ No						
	⊔ Yes.	Fill in the details.					
			Debtor 1		Debtor 2		
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.		Gross income (before deductions and exclusions)

	btor 1 btor 2			y Broadnax ette Broadr				Cas	se number (if known)			
5.	Include and o	de ind other	come regard public bene	dless of wheth fit payments;	er that inco pensions; r	ome is taxable. Ex ental income; inte	amples of erest; divid	lends; money colle	alimony; child supp	royalties; an	ecurity, unemploymed gambling and lott	ient, ery
	List e	ach s	ource and t	the gross inco	me from ea	ach source separa	ately. Do r	not include income	that you listed in lin	e 4.		
		No										
			Fill in the de	etails.								
					Debtor 1				Debtor 2			
						of income below		s income re deductions and sions)	Sources of inc Describe below		Gross income (before deduction and exclusions)	ns
Pa	rt 3:	List	Certain Pa	yments You	Made Befo	ore You Filed for	Bankrup	tcy				
3.	_	e ither No.	Neither De	ebtor 1 nor D	ebtor 2 ha	rimarily consume as primarily cons family, or househo	umer deb	ots. Consumer deb	ts are defined in 11	U.S.C. § 10	1(8) as "incurred by	√an
				90 days befo	re you filed	l for bankruptcy, d	lid you pa	y any creditor a tota	al of \$6,225* or mo	re?		
			□ _{No.}	Go to line 7								
			Yes	paid that cr not include	editor. Do n payments t	not include payme to an attorney for t	nts for do this bankr	mestic support obli uptcy case.	gations, such as ch	ild support a	he total amount you and alimony. Also, d	
	* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.											
	•	Yes.							al of \$600 or more?			
			No.	Go to line 7								
			□ _{Yes}		ments for d	lomestic support o			nd the total amount opport and alimony.		t creditor. Do not include payments to) an
	Cred	ditor'	s Name and	d Address		Dates of paymo	ent	Total amount paid	Amount you still owe	Was this	payment for	
7.	Inside of wh a bus alimo	ers in ich ye iness ny.	clude your r ou are an of	relatives; any fficer, director	general par , person in	rtners; relatives of control, or owner	f any gene of 20% or	eral partners; partners more of their votin		u are a gene ny managing	eral partner; corpora agent, including or	
		No Yes.	List all payn	nents to an in	sider							
	Insid	der's	Name and	Address		Dates of payme	ent	Total amount paid	Amount you still owe	Reason fo	or this payment	
В.	insid	er?			-	cy, did you make		nents or transfer	any property on a	ecount of a	debt that benefited	d an
		No Voc	Liet all noum	nente to on in	sider							
			Name and	nents to an in Address	Sidel	Dates of paymo	ent	Total amount paid	Amount you still owe		or this payment	
								paid	Juli Owe	molade of	Sanoi 3 Hallie	

		ecil Sammy Broadnax, Jr. haron Annette Broadnax			Case number	(if known)				
Pai	rt 4: Ide	entify Legal Actions, Repossess	sions, a	and Foreclosures						
9.	List all su	year before you filed for bankru ch matters, including personal inj ions, and contract disputes.								
	■ No □ Yes	Fill in the details.								
	Case tit		N	ature of the case	Court or agency	Status of the	ne case			
10.		year before you filed for bankru that apply and fill in the details be		was any of your prope	rty repossessed, foreclosed	l, garnished, attache	d, seized, or levied?			
	■ No □ Yes	. Fill in the information below.								
	Credito	Name and Address		escribe the Property		Date	Value of the property			
				xplain what happened						
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No									
	☐ Yes	. Fill in the details.								
	Credito	Name and Address	D	escribe the action the	creditor took	Date action was taken	Amount			
12.		year before you filed for bankru pointed receiver, a custodian, c			rty in the possession of an a	assignee for the ben	efit of creditors, a			
Pai	rt 5: Lis	t Certain Gifts and Contribution	าร							
13.	Within 2	years before you filed for bank	ruptcy	, did you give any gifts	with a total value of more t	han \$600 per person	?			
	☐ Yes	. Fill in the details for each gift.								
	Gifts wi	th a total value of more than \$6 son	00	Describe the gifts		Dates you gave the gifts	Value			
	Person Address	to Whom You Gave the Gift and s:	I							
14.	■ No	years before you filed for bank			or contributions with a tota	ıl value of more than	\$600 to any charity			
		Fill in the details for each gift or								
	more th Charity'			Describe what you	contributed	Dates you contributed	Value			
Pa	rt 6: Lis	t Certain Losses								
15.	Within 1 or gamb	year before you filed for bankru ling?	uptcy c	or since you filed for b	ankruptcy, did you lose any	thing because of the	ft, fire, other disaster,			
	■ No □ Yes	. Fill in the details.								
		e the property you lost and loss occurred	Includ		verage for the loss rance has paid. List pending of Schedule A/B: Property.	Date of your loss	Value of property lost			

Debtor 1 Cecil Sammy Broadnax, Jr.

Det	otor 2	Sharon Annette Broadnax	Ca	se number (ii	f known)					
Par	t 7:	List Certain Payments or Transfers								
16.	Include	n 1 year before you filed for bankruptcy, diulted about seeking bankruptcy or preparir e any attorneys, bankruptcy petition preparers	ng a bankruptcy petition?			ty to anyone you				
	Perso Addr Emai	Yes. Fill in the details. on Who Was Paid ress il or website address on Who Made the Payment, if Not You	Description and value of any proper transferred	ty	Date payment or transfer was made	Amount o paymen				
17.	promi Do no	n 1 year before you filed for bankruptcy, diised to help you deal with your creditors of tinclude any payment or transfer that you listed.	r to make payments to your creditors?		transfer any proper	ty to anyone who				
		es. Fill in the details. on Who Was Paid ess	Description and value of any property transferred			Amount o paymen				
18.	Include include	n 2 years before you filed for bankruptcy, of ferred in the ordinary course of your busing the both outright transfers and transfers made are gifts and transfers that you have already list No Yes. Fill in the details.	ess or financial affairs? as security (such as the granting of a sec							
	Person Who Received Transfer Address Person's relationship to you		Description and value of property transferred		ny property or received or debts hange	Date transfer was made				
19.	benef	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No								
	Name	e of trust	Description and value of the proper	d	Date Transfer was made					
Par	t 8:	List of Certain Financial Accounts, Instrur	nents, Safe Deposit Boxes, and Stora	ge Units						
20.	Withir	n 1 year before you filed for bankruptcy, we	ere any financial accounts or instrume	ents held in	your name, or for yo	our benefit, closed,				

sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)

Last 4 digits of account number Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code)

Describe the contents

Do you still have it?

			Case 16-10235	Doc 1	Filed 03/08/1	L6 Page 47 of 67	3/08/16 3:57				
	otor 1 otor 2	Cecil Sammy Sharon Anne				Case number (if known)	0,00,10 0,001				
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy										
	_	No Yes. Fill in the de	tails.								
		ne of Storage Fac Iress (Number, Street,	ility , City, State and ZIP Code)	to it?	mber, Street, City, ode)	Describe the contents	Do you still have it?				
Par	t 9:	Identify Property	y You Hold or Control for	Someone Else							
23.	•	ou hold or contro omeone.	l any property that somed	ne else owns?	? Include any prope	rty you borrowed from, are storing for	, or hold in trust				
		No Yes. Fill in the de	otaile								
	Owr	ner's Name	, City, State and ZIP Code)	Where is the (Number, Street Code)	e property? , City, State and ZIP	Describe the property	Valu				
Par	t 10:	Give Details Abo	out Environmental Informa	ation							
For	the pu	urpose of Part 10,	, the following definitions	apply:							
•	toxic	substances, was	•	ir, land, soil, s	urface water, groun	ning pollution, contamination, release dwater, or other medium, including st					
		-	on, facility, or property as ilize it, including disposal		any environmental	law, whether you now own, operate,	or utilize it or use				
	Haza	ardous material m	· · · · · ·	mental law def	fines as a hazardou	s waste, hazardous substance, toxic s	substance,				
Rep	ort all	l notices, releases	s, and proceedings that yo	ou know about	, regardless of whe	n they occurred.					
24.	_		I unit notified you that you	ı may be liable	or potentially liable	e under or in violation of an environme	ental law?				
	_	No Yes. Fill in the de	tails.								
		ne of site Iress (Number, Street	, City, State and ZIP Code)	Government Address (Nur ZIP Code)	tal unit mber, Street, City, State an	Environmental law, if you know it	Date of notice				
25.	Have	you notified any	governmental unit of any	release of haz	ardous material?						
	_	No Yes. Fill in the de	tails.								
		ne of site Iress (Number, Street	, City, State and ZIP Code)	Government Address (Nur ZIP Code)	tal unit mber, Street, City, State an	Environmental law, if you know it	Date of notice				
26.	Have	you been a party	in any judicial or adminis	strative procee	eding under any env	rironmental law? Include settlements	and orders.				
	_	No Yes. Fill in the de	tails.								
		e Title e Number		Court or age Name Address (Nur State and ZIP Co	mber, Street, City,	Nature of the case	Status of the case				
Par	t 11:	Give Details Abo	out Your Business or Con	nections to Ar	ny Business						

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	otor 1 otor 2	Cecil Sammy Broadnax, Jr. Sharon Annette Broadnax			Cas	e number (if known)				
		□ A construction of a construction								
		A partner in a partnership								
		☐ An officer, director, or managing ex	ecutive of a corpo	oration						
		☐ An owner of at least 5% of the voting	g or equity securi	ties of a corporation						
		No. None of the above applies. Go to Part 12.								
		Yes. Check all that apply above and fill in the details below for each business.								
		iness Name Iress	Describe the na	ture of the business		Employer Identification number Do not include Social Security number or ITIN.				
	(Num	ber, Street, City, State and ZIP Code)	Name of accour	tant or bookkeeper		Dates business existed				
		in 2 years before you filed for bankrupt tutions, creditors, or other parties.	tcy, did you give a	financial statement to	o an	yone about your business? Include all financial				
		No								
		Yes. Fill in the details below.								
		ne Iress ıber, Street, City, State and ZIP Code)	Date Issued							
Par	t 12:	Sign Below								
are t with 18 U	rue a a bai .S.C.	and correct. I understand that making a nkruptcy case can result in fines up to \$\\$\\$ 152, 1341, 1519, and 3571.	false statement, o \$250,000, or impr	concealing property, o	or ob year	eclare under penalty of perjury that the answers taining money or property by fraud in connection 's, or both.				
		I Sammy Broadnax, Jr. ammy Broadnax, Jr.		ron Annette Broadr Annette Broadnax						
		e of Debtor 1		re of Debtor 2	•					
Date	e <u>M</u>	larch 8, 2016	Date	March 8, 2016						
Did y ■ N □ Y	0	ttach additional pages to Your Stateme	ent of Financial Ai	ffairs for Individuals F	iling	for Bankruptcy (Official Form 107)?				
Did y ■ N		ay or agree to pay someone who is not	t an attorney to he	elp you fill out bankru	ptcy	forms?				
		ame of Person Attach the <i>Bankru</i>	ptcy Petition Prepa	arer's Notice, Declaratio	on, ar	nd Signature (Official Form 119).				

Fill in this inform	nation to identify your cas	e:
Debtor 1	Cecil Sammy Broad	nax, Jr.
Debtor 2 (Spouse, if filing)	Sharon Annette Bro	adnax
United States E	Bankruptcy Court for the:	Middle District of North Carolina
Case number		

Check as directed in lines 17 and 21:						
	According to the calculations required by this Statement:					
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).					
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).					
	3. The commitment period is 3 years.					
	4. The commitment period is 5 years.					

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

				Colui Debt		 mn B or 2 or filing spouse
 Your gross wages, salary, tips, bonuses, overtime payroll deductions). 	e, and co	mmissi	ons (before all	\$	2,748.50	\$ 2,500.53
 Alimony and maintenance payments. Do not include Column B is filled in. 	de payme	ents from	a spouse if	\$	0.00	\$ 0.00
All amounts from any source which are regularly of you or your dependents, including child suppo from an unmarried partner, members of your househ and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3.	rt. Includ old, your spouse o	e regula depende	contributions nts, parents,	\$	0.00	\$ 0.00
 Net income from operating a business, profession, or farm 	Debtor	1				
Gross receipts (before all deductions)	\$	0.00				
Ordinary and necessary operating expenses	-\$	0.00				
Net monthly income from a business, profession, or f	arm \$	0.00	Copy here ->	\$	0.00	\$ 0.00
. Net income from rental and other real property	Debtor	1				
Gross receipts (before all deductions)	\$	0.00				
Ordinary and necessary operating expenses	- \$ _	0.00				
Net monthly income from rental or other real property	• •	0.00	Copy here ->	\$	0.00	\$ 0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Cecil Sammy Broadnax, Jr. Debtor 1 **Sharon Annette Broadnax** Debtor 2 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties \$ 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 \$ 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 \$ 11. Calculate your total average monthly income. Add lines 2 through 10 for 2,748.50 2.500.53 5,249.03 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 5,249.03 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 5,249.03 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 5.249.03 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). x 12

15b. The result is your current monthly income for the year for this part of the form.

62,988.36

Sharon Annette Broadnax Debtor 2 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. NC 16b. Fill in the number of people in your household. 3 58.780.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 5,249.03 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 5,249.03 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 5,249.03 20a. Copy line 19b Multiply by 12 (the number of months in a year). x 12 62.988.36 \$ 20b. The result is your current monthly income for the year for this part of the form 58,780.00 \$ 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment* period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4. The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Sharon Annette Broadnax X /s/ Cecil Sammy Broadnax, Jr. Cecil Sammy Broadnax, Jr. **Sharon Annette Broadnax** Signature of Debtor 1 Signature of Debtor 2 Date March 8, 2016 Date March 8, 2016 MM / DD / YYYY MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Cecil Sammy Broadnax, Jr.

Debtor 1

Fill in this in	nformation to identify your case:	
Debtor 1	Cecil Sammy Broadnax, Jr.	
Debtor 2	Sharon Annette Broadnax	
(Spouse, if fi	iling)	
United State	es Bankruptcy Court for the: Middle District of North Carolina	
Case numbe	er	☐ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

12/15

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C–1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

 Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 1,249.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Cecil Sammy Broadnax, Jr. Debtor 1 **Sharon Annette Broadnax** Debtor 2 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 2 7c. Subtotal. Multiply line 7a by line 7b. 120.00 Copy here=> 120.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 144 7e. Number of people who are 65 or older 1 144.00 7f. Subtotal. Multiply line 7d by line 7e. Copy here=> 144.00 7g. Total. Add line 7c and line 7f 264.00 Copy total here=> 264.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 475.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 832.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment -NONE-Repeat this amount Сору 0.00 0.00 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 832.00 832.00 or rent expense). If this number is less than \$0, enter \$0. here=>

Explain why:

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects

the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Debtor 1
Debtor 2

Cecil Sammy Broadnax, Jr.
Sharon Annette Broadnax

Case number (if known)

11.			
	Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expenses.	nse.	
	■ 0. Go to line 14.		
	☐ 1. Go to line 12.		
	☐ 2 or more. Go to line 12.		
12.	Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the <i>Operating Costs</i> that apply for your Census region or metropolitan statistical area.	\$	0.00
13.	Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may more than two vehicles.		
Ve	shield Describe Vehicle 4		
	ehicle 1 Describe Vehicle 1:		
	a. Ownership or leasing costs using IRS Local Standard\$		
13a			
13a	a. Ownership or leasing costs using IRS Local Standard\$		

	Name of each creditor for Vehicle 1	Average monthly payment				
		\$				
	Total Average Monthly Payment	\$	Copy here => -\$	0.	Repeat this amount on line 33b.	
3c. Net \	Vehicle 1 ownership or lease expense				Copy net	
	ract line 13b from line 13a. if this number is less than \$0), enter \$0	\$	0.00	Vehicle 1 expense here => \$	
Vehicle :	2 Describe Vehicle 2:					
3d. Own	ership or leasing costs using IRS Local Standard		\$	0.00		
	age monthly payment for all debts secured by Vehicle 2 ed vehicles.	. Do not include costs for	•			
	Name of each creditor for Vehicle 2	Average monthly payment				
		\$\$				
	Total Average Monthly Payment	\$	Copy here => -\$	0.00	Repeat this amount on line 33c.	
3f. Net \	Vehicle 2 ownership or lease expense				Copy net	
Subt	ract line 13e from line 13d. if this number is less than \$0), enter \$0	 \$	0.00	Vehicle 2 expense here => \$	
	lic transportation expense: If you claimed 0 vehicles lic Transportation expense allowance regardless of				the \$	
also	itional public transportation expense: If you claimed deduct a public transportation expense, you may fill in walaim more than the IRS Local Standard for <i>Public Trans</i>	hat you believe is the ap				

Debtor 1 Debtor 2 Cecil Sammy Broadnax, Jr. Sharon Annette Broadnax

Case number (if known)

16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social sociality taxes. All Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly paymount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 10. Involuntary deductions: The total monthly apyroll deductions that your job requires, such as refirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(b) contributions or payroll savings. Do not include amounts that are not required by your job, such as voluntary 401(b) contributions or payroll savings. Do not include payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or find is pupper payments. Do not include payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or find is pupper payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00 11. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or accordary school education. 12. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and velleter of your health of the health payments of health manurance or health isouriance or health s	Oth	er Necessary Expenses	In addition to the expense the following IRS categor		s listed above	, you are allowed your monthly expenses	s for	
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	If you believe that you have home energy c 8, then fill in the excess amount of home er	ine						
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	You must give your case trustee document claimed is reasonable and necessary and r							
	* Subject to adjustment on 4/01/16, and ever		\$	0.00				
	Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.							
		ional allowance, go online using the link spec so be available at the bankruptcy clerk's office		separate				
	You must show that the additional amount of	claimed is reasonable and necessary.					\$	43.00
	Continuing charitable contributions. The instruments to a religious or charitable orga	e amount that you will continue to contribute in anization. 11 U.S.C. § 548(d)3 and (4).	n the form o	of cash or f	inancia	ıl		
	Do not include any amount more than 15%	of your gross monthly income.					\$	0.00
	Add all of the additional expense deduct	tions					\$	43.00
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Cecil Sammy Broadnax, Jr. Debtor 1 **Sharon Annette Broadnax** Debtor 2 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Monthly cure Total cure amount amount $\div 60 = \$$ -NONE-Copy total \$ 0.00 0.00 Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 ÷60 \$ 0.00 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total Average monthly administrative expense here=> 0.00 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 3,005.00 expense allowances Copy line 32, All of the additional expense deductions 43.00 Copy line 37, All of the deductions for debt payment +\$ 0.00 3,048.00 3,048.00 Total deductions..... Copy total here=>

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Debtor 1 Debtor 2	Sharon Annette Broadnax	Case number (if known)
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Part 4:	Sign Below	
	/s/ Cecil Sammy Broadnax, Jr.	x /s/ Sharon Annette Broadnax
	Cecil Sammy Broadnax, Jr. Signature of Debtor 1	Sharon Annette Broadnax Signature of Debtor 2
Date	March 8, 2016 MM / DD / YYYY	Date March 8, 2016 MM / DD / YYYY

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of North Carolina

	Midule Dis	strict of North Caro	IIIIa	
In	Cecil Sammy Broadnax, Jr. Sharon Annette Broadnax		Case No.	
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPENSA	TION OF ATTO	RNEY FOR DE	EBTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of or	certify that I am the attor the petition in bankruptcy	ney for the above nan , or agreed to be paid	ned debtor(s) and that to me, for services rendered or to
				2,100.00
	Prior to the filing of this statement I have received			900.00
	Balance Due			1,200.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	☐ Debtor ☐ Other (specify): Bankruptc	у		
4.	■ I have not agreed to share the above-disclosed compensat	tion with any other person	unless they are mem	bers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names of			
5.	In return for the above-disclosed fee, I have agreed to render	legal service for all aspec	ets of the bankruptcy c	ease, including:
	 a. Analysis of the debtor's financial situation, and rendering b. Preparation and filing of any petition, schedules, statemen c. Representation of the debtor at the meeting of creditors and d. [Other provisions as needed] Negotiations with secured creditors to reduce reaffirmation agreements and applications at 522(f)(2)(A) for avoidance of liens on housely 	t of affairs and plan whic d confirmation hearing, a ce to market value; ex is needed; preparation	h may be required; and any adjourned hea cemption planning;	rings thereof; preparation and filing of
5.	By agreement with the debtor(s), the above-disclosed fee does Representation of the debtors in any discharged any other adversary proceeding.			es, relief from stay actions or
	CI	ERTIFICATION		
this	I certify that the foregoing is a complete statement of any agrebankruptcy proceeding.	eement or arrangement fo	or payment to me for r	epresentation of the debtor(s) in
_	March 8, 2016 Date	Is/ Wayne E. Cruw Wayne E. Crumv Signature of Attorn Wayne E. Crumv Post Office Box 410 Wildriw Stre Reidsville, NC 23 336-342-5711 Fo wewcrumwell@a	vell, Esq. ey vell 1804 et 7320 ax: 866-231-7457	
		Name of law firm		

United States Bankruptcy Court Middle District of North Carolina

In re	Cecil Sammy Broadnax, Jr. Sharon Annette Broadnax		Case No.	
	Charon Almotto Broadnax	Debtor(s)	Chapter	13
		RIFICATION OF CREDITOR MA		
The ab	ove-named Debtors hereby verify	y that the attached list of creditors is true and correc	t to the best	of their knowledge.
Date:	March 8, 2016	/s/ Cecil Sammy Broadnax, Jr.		
		Cecil Sammy Broadnax, Jr.		
		Signature of Debtor		
Date:	March 8, 2016	/s/ Sharon Annette Broadnax		
		Sharon Annette Broadnax		 -

Signature of Debtor

Argent Healthcare Financial/Firstsource Attn: Bankruptcy Department 1661 Lyndon Farm Court Louisville, KY 40223

C&f Finance Company 1313 E Main St Ste 400 Richmond, VA 23219

CitiFinancial Bankruptcy Dept P.O. Box 6043 Sioux Falls, SD 57117-0643

Employment Security Commission 518 Lewis Street Oxford, NC

Harris & Harris, Ltd Harris & Harris, Ltd. 111 W Jackson Blvd 400 Chicago, IL 60604

Internal Revenue Service P. O. Box 105017 Atlanta, GA 30348-5017

North Carolina Department of Revenue P.O. Box 25000 Raleigh, NC 27640-0640

Pied Crd Col 204 Boatwright Ave Danville, VA 24543

Rockingham County Tax Department 371 NC-65 #107 Reidsville, NC 27320

Security Finance Sfc Centralized Bankruptcy Po Box 1893 Spartansburg, SC 29304

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Sternrecsvcs 415 N Edgeworth St Greensboro, NC 27401